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A Comparison of the Wellness Levels of Victims of Domestic Violence with a Local Female Population

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To the Graduate Council:

I am submitting herewith a dissertation written by Tara Zeruie Harvey entitled "A Comparison of the Wellness Levels of Victims of Domestic Violence with a Local Female Population." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Counselor Education.

Robert Kronick, Major Professor

We have read this dissertation and recommend its acceptance:

Marianne Woodside, Patrick Dunn, Priscilla Blanton

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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A Comparison of the Wellness Levels of Victims of
Domestic Violence with a Local Female Population

A Dissertation Presented for
the Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Tara Zeruie Harvey
December 2010

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Abstract

This study is an investigation into the wellness levels of victims of domestic violence. Wellness was measured using the Five Factor Wellness Assessment by Myers and Sweeney (2005). The research is grounded in a theoretical trifecta comprised of the works of Alfred Adler, Hiram Maslow, and the global concept of wellness as defined by Jane Myers and Thomas Sweeney. An exploratory factor analysis was run on the Five Factor Wellness Assessment to assess the goodness of fit for the population being studied. Wellness levels were assessed upon intake into a domestic violence shelter and compared with the national normative wellness scores using a series of one-way two-tailed T-tests. Additionally, the national normative wellness scores were compared with the wellness scores of a local population using the same analysis method. The wellness scores of the victims of domestic violence were compared with the local population using a MANOVA.

Statistical significance levels were established at .003 using a Bonferroni adjustment to accommodate the number of variables that comprise the assessment. Results indicate that there are statistically significant differences between the victims of domestic violence and the national normative population in a negative direction. There are also statistically significant differences between the scores of the local population and the national normative population in a positive direction. Finally, the wellness scores of the victims of domestic violence when compared with the local population are also statistically significantly different, with the victims' scores being much lower than the scores of the local population. These findings create a wealth of information for

practitioners and researchers in the domestic violence field and provide a plethora of new avenues for research.

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Chapter 1:

Introduction

The purpose of this study was to investigate the link between wellness and domestic violence. Previous research that I have conducted indicates that there are significant differences in wellness levels between victims of domestic violence and the national norms as stated on the Five Factor Wellness Assessment (5FWel), the instrument of choice for the current study. The following chapters explain the current research that compares the scores of a local population with scores of victims of domestic violence and the normative national scores as determined by the 5FWel.

Studies using victims of domestic violence as participants are complicated because the population is not only vulnerable but also faces many other barriers (Matthews, 2004). The current study regards victims of domestic violence on a spectrum of wellness; this view is not typical. Domestic violence is not an issue commonly associated with wellness. Rather, the majority of the domestic violence literature concentrates on the dysfunction of the victims. The overall perspective of previous studies is one of illness.

This chapter focuses on three areas: 1) the definition of domestic violence, 2) domestic violence shelters, and 3) wellness. In order to fully understand this research, an in-depth background and definition of the overarching issues of domestic violence and wellness are needed. It is also necessary to understand the context in which the research for this study took place. A domestic violence shelter served as the main site for this research, while secondary sites are discussed later. The issues that domestic

violence shelters face, such as lack of funding for staff, the need for an overall perspective change from illness to wellness, lack of resources, and the need for case management with trained professionals in shelters all serve as important pieces of the contextual puzzle (National Network to End Domestic Violence [NNEDV], 2008; National Task Force to End Domestic and Sexual Violence Against Women, 2005; U.S. Department of Justice National Institute of Justice Center for Disease Control and Prevention, 1998). These issues must be understood in order to clearly conceptualize the need for this particular study. If the participants in this study had not been in a shelter receiving intensive case management with a wellness focus, the assessment of wellness levels would be moot, as they would not likely be in a location to even consider personal wellness. Therefore, the basic needs of safety and security must be addressed before wellness can be investigated. Although wellness literature regarding this population is rare, this study also reviewed research supporting this perspective, focusing on the Myers and Sweeney (2005) wellness models.

This study was the first phase of a larger research agenda. Baseline measures of wellness levels for domestic violence victims need to be established in order to move forward with the other portions of the research agenda. A previous research project showed that there were marked differences between the wellness levels of victims of domestic violence and the population that was used to create the norms on the 5FWel (Myers & Sweeney, 2000). In order to validate the findings from that study further, an additional local population took the 5FWel to determine whether there are local idiosyncrasies that may account for some of the drastic differences between the

wellness levels of the victims of domestic violence in a local shelter and the normative population identified on the 5FWel. The following sections outline the issues faced by victims of domestic violence and the overall organization of the study. First, the background and context of the history and prevalence of domestic violence, pertinent definitions, wellness, the overall problem, the specific research questions, the theoretical framework that grounded the study, the significance of the research, and the limitations and delimitations of the research at hand are discussed.

Background and Context

Domestic violence is a complicated issue, as illustrated by its many labels. The issue of violence in intimate relationships has been referred to as domestic violence, partner violence, intimate partner violence, and family violence, to name just a few (Matthews, 2004). Pinning down a definition of what constitutes domestic violence is just as difficult as deciding what to call it. The most succinct and comprehensive definitions come from the *Domestic Violence Sourcebook* (Matthews, 2004) and the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA, 2005), respectively. The *Domestic Violence Sourcebook* defines domestic violence as follows: "When spouses, intimate partners, or dates use physical violence, threats, emotional abuse, harassment, or stalking to control the behavior of their partners..." (Matthews, 2004, p. 3). VAWA (2005) defines domestic violence as including

felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in

common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. (p. 6)

The *Domestic Violence Sourcebook* (Matthews, 2004) limits the scope of domestic violence to people involved in intimate relationships, while VAWA (2005) indicates that it can occur between anyone who is involved in a familial relationship.

The site of this study was the domestic violence agency where I am currently employed. This research project complements the ongoing programmatic research that the agency is conducting, which I am facilitating. This agency defines domestic violence as any physical, emotional, psychological, financial, spiritual, or sexual abuse between family members or intimate partners, current or previous. Because the agency is a local victim service provider, as defined by VAWA (2005), anyone who is or has been affected by domestic violence is eligible for a variety of services, including the staff-run support groups, non-residential outreach case management, court advocacy, and generalized support services. In order to be eligible for emergency shelter services, the individuals or families must be experiencing some form of domestic violence and requesting a safe shelter for themselves and their children. The agency attempts to meet the needs of victims of domestic violence while abiding by the regulations set forth by grant funders.

Each domestic violence shelter functions autonomously within the parameters set forth by stakeholders. This shelter is one of 42 emergency domestic violence shelters in the state of Tennessee (NNEDV, 2008). The shelter can serve a maximum of 15 adult women at one time. When children are involved, the number of women is often limited to eight in order to provide effective case management. Even with limitations placed on intake capacity, often more than 20 individuals are served at the shelter at one time, depending on family configurations. It is important to note that this number is often in flux, and decisions are always made based upon the severity of danger and risk of imminent harm. Although over 200 victims were served in the agency's emergency shelter program in 2008, the agency turned away 161 victims due to lack of space, funding, and staff. This is an ongoing issue that domestic violence service providers attempting to create long-term change in the lives of victims face. The statistics discussed in the next paragraph illustrate this point.

During the 24 hour period of the 2008 Domestic Violence Census conducted by the NNEDV, state domestic violence agencies served over 1,000 people, and almost half of them lived in an emergency shelter. This number seems miniscule when compared to the statistics reported by law enforcement agencies. The Tennessee Bureau of Investigation reported that 66,619 domestic violence-related crimes were committed in 2004 (Tennessee Economic Council on Women, 2006). Approximately 500 people were in shelters at any given time in 2008 (NNEDV, 2008), and in 2004, 183 victims per day were reported (Tennessee Economic Council on Women, 2006). With the number of reported crimes outweighing the number of victims receiving shelter, not

all of the victims in the state of Tennessee were and are being served, which brings up the question of who is serving the other victims. This question is relevant when considering the overall statistic that one in three people in Tennessee is affected by some form of domestic violence (Tennessee Economic Council on Women, 2006). This is an increase from the estimated one in four reported in 2004 by the Centers for Disease Control (Tennessee Economic Council on Women, 2006), which translates to an increase of 8% in just 2 years.

According to the 2008 Domestic Violence Census (NNEDV), in one day Tennessee domestic violence agencies were unable to meet 67 requests for help. Forty-five of those requests were from women seeking shelter. Since, on average, only 79% of domestic violence agencies in Tennessee are able to provide emergency shelter, every shelter in Tennessee turned down at least one person on the day of the census, and several turned down more than one. One of the reasons for this occurrence was lack of funding, not only for basic shelter services, but also for staffing (NNEDV, 2008). The funding for shelters has been cut in the last several years, resulting in smaller operating budgets and salaries (NNEDV, 2008, 2009). One serious result of lower salaries is the lack of trained professionals to serve this population (NNEDV, 2008, 2009).

As the domestic violence movement has grown over the last 30 years, advocates in the field have recognized that meeting basic physical needs is not enough to serve victims adequately (NNEDV, 2008). The goal of domestic violence shelters is not only to provide safe temporary housing, but also to provide the necessary skills, knowledge,

and support to break the cycle of domestic violence. This requires professionals who are skilled in counseling techniques as well as case management (NNEDV, 2008).

Personal wellness suffers because many shelters are not in a position to hire individuals who can help clients break the cycle of violence. The shelter that provided the research participants for this study can address multiple needs with two master's level mental health counselors, including myself, employed as direct care staff at the shelter.

Affording the cost of employing two professionally trained staff severely limits the number of additional staff that the agency can employ in the shelter program.

The staff of the shelter program that was the focus of this study have developed an intensive case management program designed to meet each individual's or family's needs and to create individualized service plans to set goals and address barriers. This program promotes self-sufficiency and growth, in addition to meeting the physical needs of victims requiring shelter. Shelter staff observed that, even when clients were able to become financially self-sufficient and escape an abusive relationship by meeting tangible goals, they did not have the level of basic self-awareness and coping skills necessary to continue to survive on their own and avoid repeating the cycle of violence with the same or another partner in the future. This created a situation in which the clients either went back to the original relationship or began a new abusive relationship that ultimately led to struggles adversely affecting the tangible achievements they had made. This insight inspired the idea that the domestic violence shelter program should include wellness as a focus. As part of a comprehensive strategy for serving these clients more effectively, this study focused on safety, support, education, and physical

change. The following paragraphs discuss the wellness model of counseling and utilization of the Five Factor Wellness (5FWel) assessment.

Wellness.

Wellness is a paradigm and clinical outcome not typically associated with domestic violence intervention. Historically, the domestic violence movement has focused on safety and other basic needs, but as a result of the advancement of theory and research, domestic violence professionals and agencies recognize the need for more sophisticated and inclusive support services (Matthews, 2004; NNEDV, 2008). Other helping professions including counseling have recognized the importance of wellness (American Association for Counseling and Development [AACD], 1989; Myers, Sweeney, & Witmer, 2000). In 1989, the AACD passed a resolution that charged all professionals and support personnel associated with the organization to orient themselves toward the improvement of wellness in their counseling practices. This organization, now the American Counseling Association (ACA), adheres to the belief that wellness is paramount in counseling practice. As previously noted, two of the shelter staff involved in this study are master's level mental health counselors trained in a wellness-based model of counseling that adheres to the ACA's Code of Ethics and Resolutions. Therefore, wellness is defined from a counseling perspective as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (Myers et al., 2000, p. 252).

My work at the domestic violence shelter and previous training as a mental health professional revealed that a tangible measure of the wellness levels of victims of domestic violence is needed. The Five Factor Wellness inventory (5FWel), created by

Myers and Sweeney (2005), is a global assessment of wellness designed to assess how well an individual is on any given day. This assessment grew out of research conducted by Myers et al. (2000) on the validity of the Wellness Evaluation of Lifestyle (WEL). When the WEL was analyzed to determine the cyclical structure of the Wheel of Wellness, the factor analysis did not support that construct (Myers & Sweeney, 2005). What was supported was the concept of the Indivisible Self Model. This approach breaks the structure of wellness into five distinct areas: 1) creative self, 2) coping self, 3) physical self, 4) essential self, and 5) social self. (See Appendix A for a diagram of the Indivisible Self.) Each of these areas is further divided into subcategories. For example, the coping self is broken down into the heuristic components of “realistic beliefs, stress management, self worth, and leisure” (Myers & Sweeney, 2005, p. 274). The 5FWel assesses each area of the Indivisible Self model. (For a comprehensive definition of each factor of the 5FWel, see Appendix B.)

This model draws heavily from the work of Alfred Adler (Myers & Sweeney, 2005), who believed that the entire human existence is spent striving for self-actualization (Adler, 1935). For victims of domestic violence, striving for self-actualization is fairly stunted and only begins after the basic needs of food, shelter, and safety are addressed and met (Maslow, 1943). I contend that in order for victims of domestic violence to move beyond the crisis period and break the ongoing cycle of domestic violence, they must progress successfully through Maslow’s (1943) hierarchy of needs and begin the process of self-actualization as posited by both Adler (1935) and Maslow.

The client's length of time spent in shelter is considered to be a period of critical importance in breaking the cycle of violence (NNEDV, 2008). The hypothesis of this study was that the impact of this length of time can be maximized not only not only addressing immediate physical needs, but also by providing intensive case management and support to victims (Matthews, 2004). Working with victims of domestic violence is a daunting task because the women who seek help from emergency shelters have seemingly overwhelming barriers to overcome in becoming self-sufficient (Matthews, 2004). If there are wellness areas identified by the 5FWel that are significantly lower upon intake into shelters, then victim advocates, safe house workers, mental health professionals, and others who work with victims of domestic violence may have a starting point from which to base their work. If there is a starting point that has been supported by research and has come from a perspective of wellness rather than illness, perhaps those who work in helping professions can more effectively improve the quality of domestic violence services they provide.

Statement of the Problem

Domestic violence is most often viewed from a perspective of illness, which has an overall negative connotation and poses a great threat for both service providers and clients, because the overwhelming barriers that present for victims of domestic violence seem even more overwhelming when viewed from an illness perspective (Myers & Sweeney, 2005). Victims of domestic violence face barriers that prohibit success, which many cannot fully imagine. There are economic, transportation, educational, emotional, psychological, and logistical barriers (Helfrich, Fujiura, & Rutkowski-Kmitta, 2008;

Wetterson et al., 2004). All must be competently addressed and mastered in order for the victim of domestic violence to move forward with her or his life in a positive and healthy manner. Very little research on wellness measures for domestic violence victims has been conducted. Making the shift from illness to wellness could potentially result in a significant difference in the success rates of victims of domestic violence. In order to make that shift, initial data must be collected and compared to normative wellness data both on national and local levels.

Purpose of the Study

The purpose of this study was to assess the wellness levels of female victims of domestic violence upon intake into the domestic violence shelter that provided the participants for this study and to compare those wellness levels to the norms established for women on the 5FWel and the norms created for a local female population. The addition of a local population for comparison strengthened the findings from the initial research, which only compared victims' wellness levels with the national normative population.

Research Questions

1. How do all of the wellness levels of domestic violence victims at the time of shelter intake compare with the established female norms on the 5FWel?

1a) How does the overall wellness score compare for the victims of domestic violence and the national norms established by the 5FWel?

- 1b) How do the five second order factors of coping, social, essential, creative, and physical compare for the victims of domestic violence and the national norms established by the 5FWel?
- 1c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and love compare for the victims of domestic violence and the national norms established by the 5FWel?
- 1d) How do the local contexts of safety compare for the victims of domestic violence and the national norms established by the 5FWel?
- 1e) How do the institutional contexts compare for the victims of domestic violence and the national norms established by the 5FWel?
- 1f) How do the global contexts compare for the victims of domestic violence and the national norms established by the 5FWel?
- 1g) How do the chronometrical contexts compare for the victims of domestic violence and the national norms established by the 5FWel?
2. How do all of the wellness levels of the normative 5FWel female population and the normative scores of the local female participants compare?
- 2a) How does the overall wellness score compare for the local population and the national norms established by the 5FWel?

- 2b) How do the five second order factors of coping, social, essential, creative, and physical compare for the local population and the national norms established by the 5FWel?
- 2c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and love compare for the local population and the national norms established by the 5FWel?
- 2d) How do the local contexts of safety compare for the local population and the national norms established by the 5FWel?
- 2e) How do the institutional contexts compare for the local population and the national norms established by the 5FWel?
- 2f) How do the global contexts compare for the local population and the national norms established by the 5FWel?
- 2g) How do the chronometrical contexts compare for the local population and the national norms established by the 5FWel?
3. How do all of the wellness levels of the female victim population and the normative local female population compare?
- 3a) How does the overall wellness score compare for the victims of domestic violence and the local population?

- 3b) How do the five second order factors of coping, social, essential, creative, and physical compare for the victims of domestic violence and the local population?
- 3c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and love compare for the victims of domestic violence and the local population?
- 3d) How do the local contexts of safety compare for the victims of domestic violence and the local population?
- 3e) How do the institutional contexts compare for the victims of domestic violence and the local population?
- 3f) How do the global contexts compare for the victims of domestic violence and the local population?
- 3g) How do the chronometrical contexts compare for the victims of domestic violence and the local population?
4. Does a confirmatory factor analysis show that using the 5FWel with a population of domestic violence victims compare favorably with a “normal” population?

Definitions

This section defines terms that are relevant to this study.

1. *Domestic Violence*

- a) “When spouses, intimate partners, or dates use physical violence, threats, emotional abuse, harassment, or stalking to control the behavior of their partners...” (Matthews, 2004, p. 3).
 - b) “Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.” (National Task Force to End Sexual and Domestic Violence Against Women, 2005, p. 6)
2. *VAWA 2005*—Violence Against Women Act of 2005
 3. *5FWeI*—Five Factor Wellness assessment developed by Myers and Sweeney (2005)
 4. *Wellness*—A way of life oriented toward optimal health and well being, in which body, mind and spirit are integrated by the individual to live life more fully within the human and natural community; ideally, it is the optimum state of

health and well-being that each individual is capable of achieving. (Myers et al., 2000, p. 252)

5. *Indivisible self*—Concept on which the 5FWel is based, consisting of one higher order factor, five second order factors, and 17 third order factors (Myers, Luecht, & Sweeney, 2004)

Theoretical Framework

The theoretical and conceptual frameworks that drove and grounded this study were threefold. The first was that the basis of domestic violence shelter work is founded in the theoretical work of Maslow (1943). In his seminal work on human motivation, Maslow outlined 13 potential propositions that drive human behavior. This later grew into Maslow's hierarchy of needs pyramid. (See Appendix C for a modern version of Maslow's hierarchy of needs.) The basic premise of the theory is that a human being must begin the journey through life by having her or his very basic needs met. The lowest level of need is the physical requirement for food, water, and shelter. Domestic violence victims often come into shelters missing those very elemental needs. The second tier of the Maslow hierarchy (1943) is the need for safety. Again, this is a very basic and essential need that is necessary for human existence, and a domestic violence shelter is set up to fulfill this need. Indeed, the very premise behind emergency domestic violence shelters is that domestic violence victims lack the essential human requirements of shelter and safety.

The next three tiers of human motivation are higher order needs that will only emerge as the other, more primitive needs are met (Maslow, 1943). Once a domestic

violence shelter program has provided means for a victim's basic needs for shelter and safety to be met, higher order needs can be integrated into the life of the individual through intensive case management while in shelter. Just as Maslow's higher order needs are integrated into this perspective of case management, Adler's (1935) theory of self-actualization was incorporated in the theoretical framework of this study. Two concepts hold firm throughout the various iterations of Adler's theory: 1) the human drive to strive for perfection and 2) self-actualization through affirmation. If Adler's premise that "feeling inferior to others and striving to be superior to others is neither an inevitable nor a fundamental condition of human beings but, is rather, a result of mistaken attitudes and upbringing" and the premise of "fundamental motivation of human beings to belong: to bond with others, to feel worthwhile as a social being, and to be part of the human community" (Ferguson, 1989, p. 357), then one can consider victims of domestic violence to be struggling with a dysfunctional view of human existence. This unhealthy view is remedied using Adlerian self-actualization concepts to satisfy Maslow's higher order needs in a functional and healthy manner once the basic human needs according to Maslow have been met. Victims of domestic violence struggle with a dysfunctional view of human existence because they are caught daily in a cycle of feelings of inferiority to someone whose sole purpose is to dominate and feel superior (Ferguson, 1989; Matthews, 2004).

The victim of domestic violence also attempts to meet the needs for love and belonging in any way that she or he can, even if it includes participating in a dance of dysfunction (Adler, 1935; Ferguson, 1989; Matthews, 2004). The struggles with

dysfunction that are inherent in a violent relationship (Ferguson, 1989) and the need to satisfy the higher order needs of love and belonging, esteem, and self-actualization (Maslow, 1943) were addressed through the third supporting theoretical perspective of this study—wellness.

The wellness perspective, which is the foundation of the Indivisible Self model and the 5FWel assessment, is also based upon Adlerian theory (Myers & Sweeney, 2005). In this model, the self is considered to be a whole being that possesses five distinct manifestations: the coping, creative, physical, social, and essential selves. By using an assessment that takes a snapshot of the individual's wellness level on any given day, we can reframe the dysfunction with which the individual struggles (Myers & Sweeney, 2005). People respond more favorably to being told how well they are than how sick they are. More specifically, it is easier to combat dysfunction by believing that it can be overcome than to approach barriers from a framework of victimization and stigmatization. Adler's (1935) concept of self-actualization, Maslow's (1943) hierarchy of needs, and a view of mental health as existing on a spectrum of wellness rather than illness are all positive theoretical perspectives that can be used to help victims of domestic violence move beyond the cycle of violence and dysfunction.

Significance of the Study

The results of this study have several benefits. First, this study fills a gap in the existing literature on a wellness approach and domestic violence. Myers and Sweeney (2005, 2008) explain the 5FWel; Hattie, Myers, and Sweeney (2004) and Myers, Sweeney, and Witmer (2000) describe its predecessors; and Makinson and Myers

(2003), Degges-White, Myers, Adelman, and Pastoor (2003) review the application of the 5FWel and the wellness theory that supports it. Other literature focuses on various aspects of the complex issue of domestic violence. (Please note that due to the abundance of literature on various aspects of domestic violence, research on domestic violence has been limited to the last 10 years and the aspects of domestic violence that apply directly to personal health, shelters, and public policy.) Some research crosses over and examines the physical and mental health issues of victims of domestic violence (Alsaker, Moen, Nortvedt, & Baste, 2006; Constantino, Kim, & Crane, 2005; Fujiura & Rutkowski-Kmitta, 2008; Lewis, Chu, Sage, Madry, & Primm, 2006; Wathen & MacMillan, 2003).

Other studies address effectiveness of services (Bennett, Riger, Schewe, Howard, & Rasco, 2004; Lyon, Lane, & Menard, 2008; NNEDV, 2008), knowledge of staff (Miller & Gatscher, 2001), and the experiences of victims of domestic violence (Harding & Helweg-Larsen, 2009; Krishnan, Hilbert, & VanLeeuwen, 2001). Among all of this related literature, I found no sources that document the use of the 5FWel as an assessment tool with victims of domestic violence entering a domestic violence shelter. This is a critical gap in the literature. When viewed through the lens of illness and dysfunction, a bias arises that defines the victim and serves to limit the ability of the individual to actualize her or his potential. This study provides missing data regarding wellness levels of victims of domestic violence, which may eventually allow for a higher likelihood of instillation of hope and perhaps a reduction in recidivism.

Delimitations

The participants of this study were all female victims of domestic violence who engaged the services of the selected domestic violence shelter program. The local participants who comprised a comparison group were also all female. This does not indicate that either the agency or I have a sexist perspective of domestic violence. Victims of domestic violence represent both sexes; however, the agency that participated in this study only assists female victims in its emergency shelter. Male victims are eligible for services, including shelter, but are not housed in the women's shelter. When a male victim needs shelter, the agency provides alternative and comparable accommodations that are in accordance with the regulations set forth by the Office of Criminal Justice Programs.

Shelter staff solicited the participation of all women who entered the shelter and were proficient in basic English. The only exclusion criteria aside from sex was the inability to read English. The rationale for this exclusion was simple; since this research was also conducted as a programmatic evaluation, I previously had the opportunity to attempt conducting the assessment with individuals who were unable to read. Unfortunately, the end results were skewed because the clients did not answer the questions truthfully; instead, they answered in a manner that was intended to please me.

The ability to read also protected the client's anonymity because I was the only person privy to the cumulative report of the 5FWel. The rationale for the exclusion of those who did not speak English is that there are very few individuals who seek shelter at the agency who do not speak English. In the year and a half that I have worked as a

client advocate at the agency, only one client was a non-English speaker who sought shelter. If, during the course of the study a sufficient increase in the number of non-English speaking clients seeking emergency shelter occurred, I provided a translator or a copy of the assessment in the native language when possible.

The 5FWel is an online assessment, and it was conducted in my office. A request to participate was sent to an e-mail account operated by the agency so that no electronic trail leading back to the victim's personal e-mail account occurred. From there, I accessed the e-mail and then the assessment. If the participant was unfamiliar with using a computer, I provided a brief tutorial relevant to skills required to complete the assessment. When there were children involved, one of the staff or volunteers supervised them in another area while the client completed the assessment. If the mother was uncomfortable with her children being out of the room while she took the assessment, I occupied them in the office. These two strategies were successful in administering the 5FWel during the time that it was used for programmatic purposes. The participants answered the questions privately on the computer and were assured that their children were safe. I used approximately 30 participants in addition to the assessments that were already completed, which was contingent on the number of women who came through the shelter during the study period.

Limitations

During the time that I conducted the study, I was an employee of the agency. The executive director agreed to include the 5FWel (Myers & Sweeney, 2005) as part of the intake and departure procedures. Because the assessment was presented as a part of general agency procedures, no incentive for participation was offered. I used the data from the intake assessments to fulfill a research requirement outlined by the Counselor Education program at the University of Tennessee and to provide the participating agency with information that will be used as a tool to improve its quality of care for shelter clients.

Because I was a client advocate working for the agency, I had access to the shelter population that an outside researcher would not have had. I also had a heightened sensitivity to and understanding of the issues that domestic violence victims face. As an employee of the agency, I played dual roles in this study; because I used the 5FWel for both my research and the agency's programmatic evaluation goals, I explained at intake that I performed these dual roles with the shelter clients. This practice was in accordance with the ACA's Code of Ethics (2005), which states in section A.5.e,

When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include...[c]hanging from counselor to researcher role (i.e., enlisting clients as research participants) or vice versa.... (p. 5)

During the intake procedure, clients signed the informed consent for services, and the shelter staff solicited their participation in the study. The staff also informed the clients that only one person was conducting the study, and because only two client advocates were employed at the time, there was a possibility that I would perform dual roles with them. In addition to these precautions, I was exceptionally cognizant of the potential for harm and exploitation of domestic violence victims, who are in an especially vulnerable state during crisis. Given that knowledge, I strictly delineated my role. While at work, I served as a client advocate, not a researcher. Each individual client's well-being, health, safety, growth, and sanity were dominant concerns during client interaction. When conducting the study, my sole focus was on a global perspective of seeking to find ways to assist victims of domestic violence as a whole by probing the areas of wellness in which victims of domestic violence may need assistance.

Chapter 2:

Literature Review

This literature review is divided into four parts. The first section concentrates on the underlying theoretical framework for wellness research. The second part concentrates on wellness literature that comprises the background and underlying research for the Five Factor Wellness assessment which is the instrument used in this dissertation study. The third part discusses studies conducted within domestic violence shelters in the last 10 years and includes a forward giving the historical research perspective on domestic violence.

Theoretical Framework

The works of Maslow (1943) and Adler (1935) provided the theoretical bases for this dissertation. My perspective of the domestic violence shelter as serving a basic need is supported by Maslow's work. Adler's work posits that striving for personal perfection once basic needs are met and higher order needs can take precedence in the life of an individual is a natural human tendency.

Maslow's Hierarchy of Needs.

Abraham Maslow's 1943 article "A Theory of Human Motivation" is a seminal work for presenting his concept of a hierarchy of needs. This article defines the premises of his views of human motivation. In this work, he presents the base needs as the physiological needs of the body: "A person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than for anything else" (p. 373). For example, if someone is truly hungry, she or he is consumed by the need for

food and cannot address other needs until the base need for sustenance has been satisfied. However, once that need has been satisfied and there is certainty that food will continue to be forthcoming, other needs emerge. Maslow posits that a unique characteristic of the human being is that her or his future is colored depending on what need is the most dominant for her or him at any given time. After the base physiological needs have been satisfied, higher order needs begin to emerge. The physiological needs can re-emerge at any given time if the individual's life situation changes and she or he finds her or himself in a situation in which that basic need is not being satisfied.

The second set of needs that emerges is safety and protection. For the domestic violence population, these needs in addition to food and shelter almost always go unmet (Matthews, 2004; NNEDV, 2008, 2009). Therefore, the need to become safe is all consuming and drives the domestic violence victim's life. By the time an individual reaches adulthood, she or he most often has learned how to mask the fact that she or he feels unsafe, which can lead to a lack of awareness on the part of others in their lives of her or his most primal driving force—the need for safety (Maslow, 1943). When a domestic violence victim is being motivated primarily by the need to find safety, this is often expressed more obviously through any children who share in the situation (Maslow, 1943; Matthews, 2004).

According to Maslow (1943), once the physiological and safety needs are met, a human's need for love and affection emerges. In this stage, he or she craves friendship, acceptance, belonging, and love. It is important to note that love and sex are

not synonymous and that the need for love is bidirectional. The individual whose primary need is love desires to give and receive love.

The next need is esteem. This need is also twofold: 1) the need for strength, achievement, and adequacy and 2) the need to be admired and esteemed by others. The final need that emerges is the need for self-actualization, which is the need to be all that we can be and still strive to be more. The manifestation of this need differs drastically from person to person, because the definition of self-actualization is highly individualized. I observed that victims of domestic violence in shelter have much to overcome before they can begin the process of striving for self-actualization.

Maslow (1943) notes that the basic and higher order needs described are typically satisfied in this order, but for some individuals the hierarchy may readjust depending on the individual need. Maslow also cautions that for most individuals, these needs are never satisfied completely and that, in most cases, individuals operate with only the partial fulfillment of each need but to a level of fulfillment sufficient for the individual to feel able to move on to the next set of needs.

Adler's Individual Psychology.

Alfred Adler (1935) went through many stages in his quest to understand human beings and their universal needs. His research on human beings melds well with Maslow's hierarchy of needs (1943). A brief article written in 1935 by Adler in the inaugural edition of the *International Journal of Individual Psychology* discusses the basic tenets of Individual Psychology. The most basic premise is that the individual practicing this form of psychology works with the raw data of "the relationship of the

individual to the problems of the outside world” (p. 5). The outside world includes everything from the individual’s body and mind to the events of daily life. Adler reminds the reader that there is no way to typify all individuals and that classifications of personality types are simply classifications and not prescriptions written in stone. Individual Psychology recognizes four basic personality types: the ruling type, the getting type, the avoiding type, and the socially useful type. The principles used to group individuals into one type of category are the “degree of their approach to social integration, and the form of movement which they develop (with greater or lesser activity) to maintain that degree of approach in a manner which they regard as most likely to achieve success” (p. 8). This article is included in this review of literature because it would be negligent to use Adler’s theory as a premise for wellness and healing without including the very basic tenets of his philosophy.

Ferguson (1989) discusses Adler’s distinct stages in his theoretical formulation. The first stage regards organ inferiority and the feelings of being inferior to others as a driving force for self-actualization. The second stage emphasizes the need to be seen as powerful and superior to others as a primary motivational factor. The third and final stage of his theoretical development incorporates the concept of social belonging and collective well-being in the pursuit of self-actualization. He concludes that “feeling inferior to others and striving to be superior to others is neither an inevitable nor a fundamental condition of human beings but is, rather, a result of mistaken attitudes and upbringing” (p. 356). Throughout his career, Adler continued to suggest that the human being’s ultimate goal is self-actualization. In the final stages of his theory, the concept

of striving for superiority no longer relates to superiority over other humans; instead it is connected to becoming superior to tasks, circumstances, and personal situations. A highly developed sense of social interest allows the individual to behave properly and for the good of the entire community while attempting to become a fully self-actualized individual.

Lazarsfeld (1966) highlights how striving for perfection and the need to be perfect are two very different concepts. Striving for perfection is the forward motion that keeps individuals reaching higher and higher and moving in the direction that will bring them the most satisfaction and improvement. This involves the acts of learning from one's mistakes and modifying life so that fewer mistakes are made on a regular basis. The issue of perfectionism is an attempt to order the world so that everything fits the individual's perspective. It is an unhealthy habit that negatively affects the individual and the people in her or his frame of reference. In his work with individuals, Adler (1935) attempted to impart his view that there is courage in being flawed. Lazarsfeld (1966) notes that she once heard Adler tell a client that "he should not try so hard to be an angel, because if he would become one, his wings would prevent him from pulling his nightshirt over his head" (p. 95). This is an excellent illustration of the basic premise of basing wellness and counseling in Adlerian theory. Adler reminds us to be human and to attend to all needs while moving forward on our journeys of self-actualization and striving for perfection.

Finally, Sweeney and Witmer (1991) explore the basis for using Adlerian Individual Psychology as the foundation of a wellness perspective for counseling, which

ties in the Adlerian premises of overall wellness as part of the human condition. Adler is quoted as saying, “It is always necessary to look for these reciprocal actions of the mind on the body, for both of them are parts of the whole with which we are concerned” (as cited in Sweeney & Witmer, 1991, p. 527). Sweeney and Witmer explain further how the principles of their Wheel of Wellness fit with his life tasks of work, friendship, and love. Each of the components of the Wheel of Wellness are described in terms of Adler’s three life tasks to illustrate the manner in which the model is firmly grounded in Adlerian Individual Psychology.

Wellness basis.

The Five Factor Wellness (5FWel) assessment grew out of the Wheel of Wellness (Sweeney & Witmer, 1991) and the Wel, which is the assessment linked with the Wheel of Wellness model. The following literature tracks the development of the 5FWel as an evidence-based assessment.

Myers et al. (2000) address the paradigm shift of wellness and a concern for the lack of a wellness focus in the medical community, despite the fact that it is well documented that a wellness approach can be used for successful treatment of most illnesses. They define wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252). The Wheel of Wellness and the overall model of wellness developed by Myers et al. are based in Adler’s (1935) concept of the individual striving for overall wellness.

The Wheel of Wellness has five life tasks, which are spirituality, self-regulation, work, friendship, and love. Myers et al. (2000) view these five areas which were transferred from the Wel to the 5FWel as the main components of creating a healthy lifestyle. They purport that changes in one area of the wheel regarding wellness affect all other areas. Task one—spirituality—is a connection with a being or force that is greater than oneself and creates a connection between the individual and the universe. This is very different from religiosity, which is directly related to the connection with a religious organization. Task two—self-direction—is the manner in which a person functions with purpose and intention. Self-direction is composed of 12 subcategories: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity.

Life task three—work—is defined further to include the two subcategories of work and leisure. Work and leisure are both areas from which one can derive a sense of significance and direction. Both are necessary for emotional well-being. A sense of fulfillment in these areas can lead to a greater sense of self-worth and satisfaction. Life task four of the Wheel of Wellness—friendship—is also defined in a broader sense than one may think upon first consideration. In the context of this model, friendship encompasses any and all relationships with others outside of marital, sexual, or familial contexts. The latter types of relationships are included in the fifth and final life task of the Wheel of Wellness—love. This life task is based upon having “relationships that are formed on the basis of a sustained, long-term, mutual commitment and involve intimacy”

(Myers et al., 2000, p. 257). Fulfilling this life task necessitates having others around who fulfill the need for family and familial support.

The Wheel of Wellness is a holistic model that is often used for counseling purposes. Myers et al. (2000) recommend a four-phase model of counseling when using the Wheel of Wellness and the wellness focus as an intervention. This model includes introducing the Wheel of Wellness as a model, implementing an assessment of wellness such as the Wellness Evaluation of Lifestyle (WEL) or a less formal version of observation, conducting intentional wellness interventions within the client's personal plans, and then evaluating and following up with the counseling and wellness plan.

Hattie et al. (2004) investigated the WEL, the first assessment derived from the Wheel of Wellness theory. Their factor analysis indicated that the WEL is similar in validity to other assessments that measure similar phenomena. The major dimensions of the theoretical model of wellness are redefined through this analysis. Based on this analysis, Hattie et al. suggest that wellness is a cumulative process based on a combination of behaviors and accommodations. The research suggests that overall wellness is at the center of the model, with the second order factors of coping self, creative self, social self, essential self, and physical self existing at the outer edge. The concept of the wheel with spokes radiating to and from the wellness core has since been disproven, because the model is not static. However, the WEL still has face validity and can be used as an effective tool in counseling.

While the WEL (Sweeney and Witmer, 1991) and the Wheel of Wellness (Myers et al., 2000) are viable assessments and theories, respectively, they are not found

extensively in further research. Myers and Sweeney (2005) introduced in depth the Indivisible Self model of counseling and wellness that the Five Factor Wellness (5FWel) assessment is based upon. Myers and Sweeney developed the Indivisible Self model because factor loading on the factor analysis of the WEL does not support the cyclical structure of the wheel. This discovery led to a more in-depth factor analysis that reconfigured the factors comprising wellness and the manner in which they are loaded on the assessment. Through further factor analyses, Myers and Sweeney defined five second order factors: the essential self, the coping self, the social self, the physical self, and the creative self. These factors are all based in the concept of Individual Psychology set forth by Adler (1935) and correlate directly with the overall concept of wellness and the 17 tertiary factors. Each tertiary factor correlates with one specific second order factor that all, in turn, contribute to the concept of overall wellness. As an Adlerian based model, holism is a central concept of the theory; instead of concentrating on parts of an individual's composition, the model concentrates on helping the whole person in a positive manner.

Each of the five second order factors are comprised of tertiary factors (Myers & Sweeney, 2005). Essential self is comprised of spirituality, self care, gender identity, and cultural identity. These facets contribute to "one's existential sense of meaning, purpose, and hopefulness towards life" (p. 273). The creative self includes thinking, emotion, control, positive humor, and work. All of these experiences help us become who we are as individuals. Emotions influence cognition. Positive humor and emotions influence us physically. Control determines emotions and cognition. All of the factors

that make up the creative and coping selves are critical issues for victims of domestic violence because so many of these aspects are out of the hands of the individual and in the hands of the abuser, all of which influence self-efficacy and the overall creative self.

The coping self is made up of stress management, self-worth, leisure, and realistic beliefs (Myers & Sweeney, 2005). These elements “regulate our responses to life events and provide a means for transcending their negative effects” (p. 274). Love and friendship are the two components that make up the social self. Families, biological or created, are great sources of love and friendship for individuals, helping to promote overall wellness. Finally, the physical self is comprised of nutrition and exercise which are generally among the first criteria that come to mind when discussing wellness, when in fact they are but a small part of overall wellness and are often overemphasized by popular media.

The other constructs of the model are the contextual variables (Myers & Sweeney, 2005). The contextual variables are local, global, and chronometrical. Local is the area in which individuals interact on a daily basis, such as community, church, school, and town. Global is the level in which individuals interact and feel comfortable with the larger system of politics, government, and world events and as members of the human race. Finally, chronometrical is the “recognition that people change over time in important ways” (p. 275).

The Individual Self model is the basis for the 5FWel, a more current and shorter version of the WEL that includes modifications based on the aforementioned factor analyses (Myers & Sweeney, 2005). Adlerian Individual Psychology and the overall

concept of wellness as a motivating factor for human striving is the basis of the model and the assessment (Hattie et al., 2004; Myers & Sweeney, 2005). This is one of the few evidence-based wellness models and assessments used in counseling today (Hattie et al., 2004; Myers, Leucht, & Sweeney, 2004; Myers & Sweeney, 2005).

In 2004, Myers et al. examined the empirical and theoretical models that are the underpinnings of the Wel and the 5FWel. They explored the reanalysis of the 5FWel based on a 4-year study in which the original 5FWel was administered to 3,993 participants. This led to an in-depth factor analysis, after which Myers et al. concluded that the 5FWel is, in practice, a useful tool. Based on this analysis, however, they are in the process of developing an even shorter version that will be called the 4FWel. Instead of basing the 4FWel strictly upon the Indivisible Self model, Myers et al. will base it on a more concise version using the categories of cognitive-emotional, relational, physical, and spiritual wellness. Prior to being published, the 4FWel needs further research to refine the categories and scales. However, Myers et al. indicate an important implication for research. They state that wellness norms for clinical populations are needed, including those who suffer from person-abuse, otherwise known as domestic violence victims.

In 2008, Myers and Sweeney divulged their original intentions for creating a wellness-based counseling model. In 1989, the American Counseling Association first charged practitioners with being “advocates towards the goal of optimum health and wellness within our society” (p. 482). “Professional counselors seek to encourage wellness, a positive state of well-being, through developmental, preventative, and

wellness-enhancing interventions” (p. 482). This assertion is in line with the paradigm that has emerged for the last 20 or so years in the field of medicine. This paradigm examines the whole person instead of just the part that is “ill.” Myers and Sweeney go on to explain the Wheel of Wellness and the Indivisible Self. In a comprehensive review of literature, they found that those were the only two models that were based on rigorous research and a sound evidence base. Myers and Sweeney also give a brief synopsis of the variety of studies that have used the 5FWel and the WEL as the primary instruments for research. Researchers have conducted studies on children and adolescents, undergraduates, non-student adults, and minority groups.

Notably, there is a lack of information on clinical populations (Degges-White et al., 2003; Myers & Sweeney, 2008). The only study to date that has concentrated on a clinical population was conducted with individuals who suffer migraines. Victims of domestic violence are considered to be a clinical population, and this dissertation study addressed a small piece of a large gap in wellness literature. Researchers have conducted very few studies using a pre and posttest methodology with wellness counseling as the intervention, and more are needed to further the evidence base for the wellness counseling model (Myers & Sweeney, 2008). The majority of wellness studies have been conducted using convenience samples of college students, which indicates the need for more intentional research using different populations. This research is crucial to the future study and use of wellness-based approaches, especially research regarding each end of the spectrum of the age line and in the clinical arenas.

Myers and Sweeney contend that “Research that informs practice clearly should be a priority” (p. 491).

Degges-White et al. (2003) conducted the only study that I found that used a clinical population. In this study, Degges-White et al. employed the 5FWel and the Perceived Stress Scale (PSS) and analyzed the data using one-way two-tailed t-tests to determine the difference between the migraine patients and the norm group. Those who treated migraine sufferers had dual goals of eradicating the migraines and preventing future ones from occurring. Spirituality was the only area in which the migraine patients scored higher than the norm group. In direct opposition to the high spirituality scores, the migraine patients reported low scores on the sense of control scale. Degges-White et al. do not offer an explanation for this occurrence. Leisure, exercise, and nutrition were all markedly lower for the clinical migraine population. They suggest that if the migraine sufferer can learn to take control of various aspects of her or his life through wellness and individual counseling, there is a greater likelihood that the migraines may be treated with greater success than for those who do not achieve control over the factors in the psychological realm that affect them. In this dissertation study, I proposed the concept of mental health counseling in conjunction with conventional medical treatment.

Finally, Makinson and Myers (2003) explored the relationship between violence and wellness. While they concentrated on using a strengths-based wellness approach with adolescents who exhibited violent behaviors, the concept is one that can be transferred easily to other populations, including the domestic violence victim

population. Their study illustrates that the focus of research on violence has shifted from a treatment-oriented to a prevention approach. The most common interventions focus on education designed to change young people's knowledge, attitudes, and behavior patterns that can lead to violence, including

environmental technological interventions, such as the use of video surveillance and metal detectors in schools, recreational interventions that provide an outlet for stressors, legal interventions, such as youth curfews, and resource officers on school campuses that are designed to provide police enforcement in situations in which violence is likely to occur. (p. 167)

According to Makinson and Myers (2003), the most successful programs use a holistic approach. They go on to describe the Wheel of Wellness model and the manners in which violence and violence prevention can be affected by applying this model. In addition, Makinson and Myers posit that "it is essential that wellness be addressed at a young age and viewed as both a preventive approach as well as an intervention that can enhance healthy functioning at any point in the life span" (p. 168). They support Gabarino, who claims, "Nothing seems to threaten the human spirit more than rejection, brutalization, and lack of love. Nothing—not physical deformity; not debilitating illness, not financial ruin, not academic failure—can equal illness to the soul" (as cited in Makinson & Myers, 2003, p.132). Using a wellness and strengths-based program to combat violence allows for individualized treatment and the development of effective treatment protocols. If these methods are applied to violent youthful offenders,

then perhaps the same principles of a strength-based wellness approach could be applied effectively to victims of domestic violence.

Domestic Violence Literature

A historical perspective on domestic violence.

Before delving into the current state of domestic violence, it is appropriate to examine past research on domestic violence. In a commentary on literature published in the past 30 years, Richard Gelles (2000) notes that only two scholarly articles addressed what was then referred to as wife battering. He states, "Violence among family members was 'balkanized' into separate issues and subissues, each with its own constituency, advocacy groups, professional journals, theoretic, and methodologic paradigms, and intervention strategy" (p. 298). Gelles suggests that this view created its own problems and issues in resolving the issue of domestic violence. He notes that the individuals who "discover" a problem shape the type of attention that the problem receives; so, child abuse that was identified by the medical community became a medical problem, and violence against women was perceived as a feminist social issue.

Interventions for domestic violence have little empirical proof regarding the nature of their efficacy. Even the Duluth model of domestic violence, which is used at shelters throughout the nation, has little empirical proof of the efficacy of the intervention with survivors. Gelles states, "The reality is that, from a scientific point of view, we do not know what works to prevent domestic violence or to keep women safe. It is best to remain open-minded about programs and interventions" (p. 300). This viewpoint supports the premise of this dissertation study by underscoring how little we still know about domestic violence. It also suggests that there are many ways to intervene that may have long-lasting impact on victims and underscores the need for a solid empirical

knowledge base from which to work. To that end, the following three paragraphs examine what has been discovered between the advent of the domestic violence movement and the mid to late 1990s.

In 1986, Straus and Gelles reported on two national surveys that assessed family violence. Prior to reporting the data, Straus and Gelles noted that as of the time the information was published, there was no real way to determine if child abuse and wife abuse were increasing or declining. They reported that there was a 21.8% decline in wife beating between 1975 and 1985. This is not a statistically significant number but does indicate that while “domestic tranquility” (p. 470) did not occur, there was a definite decrease in the incidences of violence between husband and wife. The domestic violence movement that advocates around the United States support has been notoriously underfunded, but advocates were able to open hundreds of shelters in the years between 1975 and 1985. This may have played some part in the decrease in violence because the women in question had readily available resources for safety.

In 1995, Straus reported on a third national survey that assessed the accuracy of the decrease in violence rates that Straus and Gelles (1986) observed previously. This third survey was completed in 1992 and used the same measures to assess family violence as the 1985 and 1975 surveys. Interestingly, the data revealed that there is a trend of decreasing approval for husband to wife violence as measured by the question, “Is it ever ok for a husband to slap his wife?” while there was an increase in approval of wives slapping their husbands. The data also showed a continual decrease between 1975 and 1992 but an increase between 1985 and 1992. Straus (1995) speculates that

with the added visibility of domestic violence, it is possible that the decrease reported in these surveys was actually due to men lying to cover their behavior.

Finally, in 1997, Straus, Kaufman Kantor, and Moore reported that results of empirical research on domestic violence show that acceptance of domestic violence based on region and class fluctuates over time and is not consistent. They concluded, “There are no significant differences between regions, between ethnic groups, or between educational and income groups in approval of marital violence and that each of these groups underwent parallel changes from 1968 to 1994” (p. 4). The results also show that men approve of violence more often than women and that the approval level for violence decreases with age. All of these findings are interesting, considering that now almost 15 years after this research was conducted, domestic violence is still a major issue, and it still exists on all socio-economic and cultural levels. Empirical research that studies the effects of domestic violence shelters on victims is scant, and there remains an insufficient amount of funding for domestic violence programs.

Current data on domestic violence in Tennessee.

This segment of the literature review begins with a national survey conducted by the NNEDV in 2008, which provided a framework for this study. Based on a 24-hour count of domestic violence agencies, the NNEDV reported that 1,047 victims were served in Tennessee. All 42 statewide domestic violence agencies participated in the survey, and 437 of the victims were in shelters, while 610 received outreach services of some kind. Sixty-seven requests for shelter went unmet, which reportedly was due to a lack of staffing at the shelter. The services provided were individual advocacy,

emergency shelter, legal advocacy, children's advocacy, rural outreach, transitional housing, group advocacy, and immigration advocacy. Tennessee shelters overwhelmingly reported that the need for legal services for the victims had not been fulfilled.

The most recent research conducted by the NNEDV (2009) indicates that there were marked differences in domestic violence services in Tennessee between the years 2008 and 2009. Forty-two domestic violence agencies were part of the 2008 Domestic Violence Counts project conducted by the NNEDV. One year later, that number dropped to 33 domestic violence agencies. This drop is directly related to a shortage of funds. NNEDV reported 51 unmet needs on the day of the 2009 count, and 40 of them were for shelters. The overwhelming reason that the needs went unmet was that neither beds nor money for needed programs were available. This is a drastic difference from 2008. The agencies still managed to serve 831 victims on that day, 375 of whom received in-house shelter services.

Domestic violence shelter services.

A government sponsored national survey by Lyon et al. (2008) sampled 3,410 residents of 215 domestic violence shelters in eight states. It provides an insight on the current status of domestic violence agencies and the clients' needs that they are and are not fulfilling. Ninety-eight percent of the shelters sampled reported being able to accommodate some victims with disabilities. The average shelter stay was 60 days. The racial composition of the shelter staff was 65% white, compared with only 52% of the victims who were white. The shelters all reported a wide variety of services, from

counseling, support groups, and advocacy to navigating the justice and health care systems. Ninety-three percent of the participants reported that they were heterosexual. When questioned about receiving information about the domestic violence programs, the majority of the victims reported getting information from domestic violence advocates, with police officers serving as the second most common source of information. Fifty-eight percent of the victims had stayed at the shelter in the previous year, which supports the concept that a woman leaves an abusive relationship several times prior to permanently breaking it off completely.

Overall, the respondents reported positive first impressions of the shelter and its staff. The needs that shelter residents presented on intake were safety, housing of the affordable variety, and information. Upon entering the shelter, mothers often reported that their children's needs were paramount to their personal needs. Upon leaving the shelter, residents expressed an increase in needs, which Lyon et al. (2008) attribute to the residents having greater access to information about available services. Overall, the women reported on their exit surveys that they felt more positive about their futures and more capable of being self-sufficient. The most common problem encountered by shelter residents was conflict with other residents. The second most common issue encountered by residents was transportation or lack thereof. Only 1% of the shelter residents surveyed viewed their stay as not helpful in any way.

Lyon et al. (2008) concluded that overall, domestic violence shelters serve a "critical need" (p.16). However, domestic violence victims struggle with the rules and regulations surrounding their shelter stay, and some of their needs regarding mental

health, addiction, physical health, and housing are not adequately met by existing programs. Lyon et al. (2008) believes that staff training in conflict resolution is a critical component to improving domestic violence shelter programs. In addition, a diversification of race and ethnicity in shelter staff could be helpful.

Bennett, Riger, Schewe, Howard, and Wasco (2004) note that in frontline agencies such as domestic violence shelters, client services and advocacy often take precedence over evaluation of program services; however, funders are more and more often requiring grantees to supply evidence of the services that they provide. In fact, a majority of shelters provide crisis counseling, hotline, shelter, and advocacy services in an attempt to effect results. The research for their study began in the state of Illinois as an attempt to illustrate the efficacy of the state's domestic violence shelter programs. In order to do this, a workgroup was established that was comprised of employees of the domestic violence programs, to determine the services that required evaluation. The workgroup concluded that Hotline, brief legal advocacy, shelter, long-term advocacy, and counseling were the components of the evaluations. Measures were created from already established assessments and were administered to women in shelters across Illinois. The overall results of this original study support the effectiveness of domestic violence programs. Bennett et al. conclude that domestic violence programs provide crucial information about domestic violence, provide support for the victims, enable victims to make better decisions, increase their efficacy and coping skills, create a feeling of safety, and create a small but lasting effect that victims carry with them after leaving shelter. On the other hand, this study was severely limited due to its scope as a

statewide survey. The data were strictly self-reported, the measures were not rigorously tested prior to use, and there was no control group. However, the data still suggest that domestic violence agencies provide a necessary service that is beneficial to victims and provide information that can benefit them after leaving shelter. The data also bring to light the fact that domestic violence victims suffer from much more than the physical effects of assault; there are a myriad of problems associated with being a victim of domestic violence, and any positive change, however small, is encouraging.

Wathen and MacMillan (2003) conducted an extensive literature review on the studies focusing on domestic violence victims. They estimated that the prevalence of domestic violence generally runs between 25% and 30% for adult women in the United States and Canada. The literature review for this dissertation study indicates that although research is being conducted on domestic violence, there should probably be much more rigor in planning and executing these studies. More studies that involve an evidence-based methodology are needed, and the interventions used to date have not proven to be effective in repeat studies. In addition, the studies that have attempted to prove effectiveness have not produced sufficient results to determine effectiveness which is a gap in evidence that this dissertation study attempted to close.

Help-seeking behaviors of victims.

Keeping the limitations presented by Wathen and MacMillan (2003) in mind, it is still important to explore the results of existing research that focus on the outcomes of victims of domestic violence who receive shelter-based services. One area of interest to domestic violence researchers and practitioners alike is the help-seeking behaviors of

victims of domestic violence, especially those who live in rural settings. Few (2005) investigated the practices of rural domestic violence shelters that seek out the voices of their victims. Few studies that focus on rural female victims and rural shelters exist, and fewer still have explored the perspective of the victim rather than merely her help-seeking behaviors. The studies that have been completed indicate that there is a unique set of barriers for women in a rural community. Rural communities tend to have a more patriarchal view of relationships between men and women, and there are more severe logistical barriers including transportation and financial means. When race is added as a factor, even more barriers arise. A study completed in Virginia by Wilson, Cobb, and Dolan (1987) and referenced in Few (2005) indicated that 70% of black women did not even know that domestic violence shelters existed. Because domestic violence shelters often provide the needed protection to prevent future abuse, this number is shocking.

The same study (Few, 2005) also used a feminist framework to explore the help-seeking behaviors of black and white women in rural Virginia. Fourteen of the 18 shelters that were invited to participate provided participants for the study. Interviews were conducted with 30 women in the 14 shelters. Only five of the 30 women reported having knowledge of the domestic violence shelter prior to their stay. Instead, these women first sought help from police, family, friends, and doctors. Women, both black and white, often received misinformation about the purpose of domestic violence shelters. Only two of the black participants received information about their local domestic violence shelter from the police, while 12 of the white participants received the

information. In addition, all of the women reported that, due to their rural location, the police often did not help because of distance and cultural neighborhood configuration. The black participants all mentioned that racial discrimination on the part of the police affected their response, while the white participants felt that the lack of response from law enforcement was due to sexist attitudes.

As far as support from family and friends was concerned, there was a major distinction between the white and black populations. Black families and friends were much more likely to offer support to the victim and her children. Many of the white women attributed lack of social support to the fact that they were geographically separated from their families and instead were surrounded by the abuser's family who were not likely to offer help. Friends and family of both black and white victims told them horror stories about the people who used domestic violence shelters and the fearful consequences that would occur to the victims if they sought shelter.

In Few's (2005) study, five themes were established from the questions regarding the victims' experiences at the domestic violence shelter: 1) the shelter was a safe haven, 2) the residents and staff acted as a surrogate family in the victim's time of need, 3) racial or cultural issues in the shelter did not affect the effectiveness of the shelter program, 4) shelter staff was supportive, and 5) residents were satisfied with the services they received while in the shelter. Few (2005) concludes that the domestic violence shelter should have a larger presence in the community so that knowledge of its services is widespread. In addition, access to job announcements or computers is needed, so that the residents can search for jobs in relative safety. The participants

also expressed a desire for diversification in the shelter staff's ethnic backgrounds, faith-based and inspirational resources, and an aftercare program for shelter residents as they transitioned to independence.

Similar to the previous study's emphasis, Krishnan et al. (2001) explored the help-seeking behaviors of women in rural communities who experienced domestic violence and documented the types of abuse that the participants had experienced and their mental health characteristics. One hundred two women in a rural New Mexico shelter met the requirements and participated in the study. The largest ethnic population in this study was Hispanic. The women were given a survey within 24 hours of intake that assessed all of the previously mentioned categories. The most prevalent type of violence was physical violence, followed closely by verbal and emotional abuse. Stalking was the least reported type of abuse. The majority of the women reported that their partners had less than a high school education, and only 6% have graduated college. The majority of the abusers were also employed in some type of unskilled labor position. Forty-eight percent of the women reported that they had at some time contemplated or attempted suicide. Regarding help-seeking behaviors, the majority of the women reported the abuse to the police. Only 23% of the women sought restraining orders against their partners. The data reported suggests that a disconnect exists between help-seeking behaviors and abuse experienced. Krishnan et al. (2001) note that this may be due to the nature of rural communities (i.e., isolation, poverty, lack of community resources) and the lack of knowledge about available resources. The overall indication based upon the data collected is that there is limited knowledge about

available resources, and that the victims are encouraged to maintain the status quo.

This study was limited by the convenience sample of victims who had sought help at a local shelter.

While the above studies focus more on cultural barriers to help-seeking behaviors, the following studies examine the various individual factors that may influence and affect women who seek domestic violence shelters, including counseling, addictions issues, forgiveness factors, overall health quality, social support, self-sufficiency, and return to abusive partners.

Effects of counseling in shelter.

In a 2008 study, McNamara, Tamanini, and Pelletier-Walker assessed the effect of short-term counseling on residents in an Ohio domestic violence shelter. One hundred nineteen women participated in the research, and the overwhelming majority was Caucasian and married with only a high school education. The women received at least three counseling sessions from a licensed social worker whose work was oriented toward feminism. Afterward, they were given several measures to assess the effectiveness of the counseling.

According to McNamara et al. (2008), all of the women who participated in the research showed improvement in their overall life functioning. Seventy percent of these women obtained “meaningful clinical change” (p. 135), as evidenced in the assessments. The one area in which the participants showed an overall lack of progress was employment. Participants reported improvements in coping, financial management, and self-sufficiency skills. However, it must be noted that out of the 119

women who began the study, only 41 completed all of the components of participation. “The positive effects achieved are best viewed as a joint function of the milieu and the counseling that took place within it” (p. 136). However, whether or not the positive effects that the women who completed the study achieved were maintained over time is a concern because many factors intervene in the long-term success of victims of domestic violence.

Addiction and shelter workers’ knowledge.

The premise of a 2001 study conducted by Miller and Gatscher was to investigate the correlation between shelter workers’ understanding of domestic violence and addiction. Domestic violence and addiction are closely related, but there seems to be a gap between domestic violence services and addiction services based on the results of their study. There were 132 responses to the survey, which represented a 36.4% response rate—a relatively low percentage. The survey used a Likert scale to measure the perceived domestic violence workers’ skills in assessing and handling substance use and abuse. An interesting correlation was found between time worked at the shelter and level of competency regarding addictions issues. The workers who had been employed by a domestic violence agency for 3 years or less reported a higher level of knowledge about addictions issues, while workers who had been employed 4 years or more reported less knowledge and competence. This finding did not relate in any way to level of education. Sixty-five percent of the respondents reported that they felt that they needed more training in dealing with addictions issues.

Miller and Gatscher (2001) contend that domestic violence workers need more training in the addictions process, withdrawals, intervention procedures, and referral resources. They suggest that domestic violence shelters seek training from an addictions professional specializing in women's addiction issues as well as a domestic violence specialist: "The frequency of the co-occurrence of domestic violence and substance abuse issues call both fields to work together in a cooperative manner" (p. 29). The results indicate that domestic violence workers are quite willing to engage in this type of training, and that this intersection of addiction and violence is one of the most difficult that shelter workers encounter.

Forgiveness as a factor in domestic violence.

A study by Gordon, Burton, and Porter (2004), based on social exchange theory, moved beyond the mundane factor of shelter workers' knowledge of life occurrences such as addiction and examined more emotional factors that may have an effect on revictimization. Social exchange theory posits that the decision to stay or leave a violent relationship is based on a cost-benefit analysis in which the victim determines whether staying versus leaving is more beneficial. Women who portray their partners as at fault and responsible for the violence they inflict appear to be less committed to, less satisfied with, and more likely to leave their abusive relationships. Thus, the manner in which a woman processes and explains the cause of the domestic violence is likely to have a significant influence on her decision to return to an abusive relationship (pp. 332–333). In addition, the level of forgiveness that a woman feels towards her

partner may be a mitigating factor in deciding whether to return to the relationship in the future.

The participants in Gordon et al.'s (2004) study were 121 women living in nine domestic violence shelters in Tennessee (2004). Participants took the Commitment Inventory, the Conflicts Tactics Scale, and the Acts of Forgiveness Scale in addition to the Attributions of Domestic Violence and the Intent to Return questionnaires, both of which were created for the study. Gordon et al. found that forgiveness predicted the intent to return to the abusive partner. The findings of the study also suggest that the less a woman views "her partner's behavior as malicious and intentional, the more likely she is to forgive the behavior and consider continuing the relationship" (p. 340). If the woman views the actions of her partner as intentional, she is less likely to return to him. The severity of abuse experienced also seems to be a mitigating factor.

Similar to Gordon et al.'s (2004) study, Harding and Helweg-Larsen (2009) explored the perceptions of forgiveness regarding their future risk of intimate partner violence in women in a domestic violence shelter. The association between risk and behavior has been studied in the medical health field but not nearly as much in domestic violence literature or other mental health literature. Researchers have found that women who completely separate from their abusive partners have a lower incidence of re-abuse. Harding and Helweg-Larsen surveyed 56 women in Pennsylvania domestic violence shelters. The survey looked at background information, perceived risk of experiencing violence from the partner, intentions regarding the partner, relational behaviors, and demographics. All of the women

reported abuse in their current or last relationship, and the abuse ranged from mild to extreme. Most of the women rated the risk of future violence to be much greater if they continued to remain in the relationship with their current partners. There was no significant difference in risk perception for the women who had left their partners multiple times and the women who had left for the first time. However, women who had left and then returned viewed themselves to be at greater risk of abuse from their partners if they continued the relationship. Harding and Helweg-Larsen also found that there was no relationship between severity of abuse (physical and psychological) and the perceptions regarding future abuse. They surmise that the possibility of a perceived risk as a determining factor is an oversimplification of the choice process that the victims go through when ending a violent relationship. However, the findings indicate that there is a link between perception of violence and future risk for violence, and that it is linked by the perception of the partner's intent to harm.

Social support.

The findings of a 2005 study conducted by Bybee and Sullivan indicate that there is also a link between ongoing social support and future victimization. The findings reported in 2005 were a follow up to the research teams' previous studies during which Bybee and Sullivan contacted the victims after their shelter stay and worked with them for 4-6 hours per week for 10 weeks post-shelter stay to provide them with advocacy and intervention services. All of the women who participated in the initial study were interviewed every 6 months for 2 years. During this time, the women who participated in the ongoing services reported higher social support and increased access to social

resources, which in turn led to increased life quality. Increased life quality has been shown to aid in abuse prevention. Bybee and Sullivan hypothesized that revictimization may depend on variables such as prior abuse, existence or quality of social support systems, access to community resources, quality of life, poverty, and difficulty negotiating the welfare system. The women interviewed during the 3-year follow-up contact comprised 87 to 89% of the original groups. Bybee and Sullivan found that more than half of the women were involved in new relationships, and 64% had been involved in a relationship during the previous 3 years. The women who reported that they had experienced new or continuing abuse at the 2-year follow-up contact were more likely to report that they had been abused again and more severely than the women who had not been abused at the follow up. Bybee and Sullivan found that the most significant predictive factors of abuse prevention and protection were, again, quality of life and the measure of social support. Employment also played a role in the likelihood of revictimization of the population studied.

Work and domestic violence.

In a qualitative study on the effects of domestic violence on a woman's work life, Wettersten et al. (2004) interviewed women in a shelter who were not psychotic, had been in the shelter for more than 2 days, and were considered to be psychologically stable. Ten participants were interviewed, and the interviews were analyzed and thematized by a team of researchers. While the researchers initially concentrated on the effects of domestic violence on the work life of the participating women in order to get to the root of that issue, they found that the participants often talked first about the

overall effects of domestic violence on their lives. The two overarching categories of abuse that emerged were physical and psychological. Some of the psychological abuse centered around work. The women in the study shared that they received extremely mixed signals about work from their abusers: there were times when they were encouraged to work and times when they were forbidden to work. Often, the abuser came to the workplace and created problems. Many of the women had lost jobs because of the behavior of their partners, and sometimes their partners would accuse them of infidelity with a coworker.

In addition to the issues that the abusers created, the participants reported having difficulty concentrating on any given task at hand while at work. They also reported that they had missed a lot of days from work due to the abuse and that there were job opportunities that they had had to pass up or quit because of their partners' behavior. Additionally, they reported not feeling competent enough to complete their jobs because of the emotional issues that they brought to work. Some of the women viewed work as a way to escape the abuse and the manipulation that they experienced at home. Nine out of 10 women described economic control as a part of their abuse. The participants worked for the money but did not have any access to it or had to ask for an allowance. Other issues related to work that Wettersten et al. (2004) uncovered included issues with child care, children witnessing the abuse, and children being negatively affected by the behaviors of their mothers' abusive partners.

Regarding leaving relationships, the participants in Wettersten et al.'s (2004) study discussed the issues of loss and personal achievement as they regained

independence. The participants reported setting goals for personal improvement, such as exploring vocational interests, considering schooling, meeting their own needs, learning to be independent, procuring their own home, and creating stability for their children. On the other hand, the participants also reported experiencing barriers such as problems finding employment, lack of childcare, navigating the available community resources, and issues surrounding independence. Given the themes found in the course of the study, Wettersten et al. conclude, "Women in shelter from domestic violence and abuse have unique needs" (p. 456).

Domestic violence and health.

Drawing on the concept that women who have suffered from domestic violence may have unique needs, Griffing, Lewis, Chu, Sage, Madry, and Primm (2006) note that exposure to other forms of domestic violence, such as childhood abuse (physical or sexual) and witnessing maternal abuse, results in a higher likelihood of experiencing abuse as an adult. "The experience of an initial episode of abuse may lead to cognitive, affective, and behavioral effects that increase the risk of further victimization" (p. 937). Being revictimized increases the risk of acquiring posttraumatic stress disorder (PTSD). The participants in Griffing et al.'s study were 111 victims of domestic violence who were in a shelter at a New York City domestic violence agency. Griffing et al. used an oral interview approach in which participating residents were questioned about their personal exposure to maternal domestic violence and personal abuse. The participants were also given versions of the Conflict Tactics Scale and the Impact of Events Scale. All of the questioning, including administration of the measures, was performed orally.

The results indicate that all of the participants had a high number of overall symptoms of PTSD. In addition, prior exposure to violence indicates a higher likelihood of PTSD symptomology. There is, however, a high correlation between childhood sexual abuse and witnessing maternal domestic violence with current experiences of domestic violence and PTSD symptoms.

In a 2006 study, Alsaker et al. found that a definite correlation between domestic violence and lower quality of physical health among female victims of domestic violence residing in Norwegian domestic violence shelters exists. In 2005, 27% of all women in Norway had experienced domestic violence, a number that is similar to domestic violence statistics for the United States. Additionally, of 12 women murdered that year, seven were murdered by their current or former partners. Women in the study who were qualified to participate were given the Severity of Violence against Women Scale and the Psychological Maltreatment of Women Index. All of the participants' scores were markedly lower on all health dimensions than those for a random sample taken from the general population.

The results of Alsaker et al.'s (2006) study also associate the occurrence of domestic violence with lower quality of life for women staying in Norwegian domestic violence shelters. These women reported having the lowest functioning in the emotional range followed by social, with the highest scores occurring in the physical range. It is important to note, however, that although a range of scores existed, all of the scores were reportedly lower for victims of domestic violence than for the general population. Individuals with chronic physical pain or panic disorder comprised the only

population in the general public that reported lower scores than victims of domestic violence. Alsaker et al. suggest that these results may come from a continuous fear of life-threatening danger. They suggest further that domestic violence shelters need to give priority to developing health care interventions or working with other agencies to develop health care interventions for victims.

On a more positive note, the findings of a study by Constantino et al. (2005) indicate that although women who have experienced domestic violence have a greater likelihood of utilizing the health care system and have lower overall quality of health than women who have not experienced domestic violence, there is hope. In this study, participants were recruited from a domestic violence shelter in Pennsylvania and divided into two groups. One group received extra social support and counseling, while the second group received the shelter's basic support services. All participants were given the Interpersonal Self Evaluation List, the Brief Symptom Inventory, and the Health Screening Questionnaire. The group that received extra social support showed a marked difference in symptomology and reported a lesser amount of psychological distress, which may be a direct result of the extra treatment they received while in the shelter.

Overall, existing domestic violence research indicates that female victims of domestic violence are more susceptible to a myriad of issues than the average female population. However, all of the research reviewed for this dissertation study indicates that with the right attention and care to address both physical and mental health issues affecting wellness, victims of domestic violence have a better opportunity for gaining the

skills needed to successfully navigate through Maslow's (1943) hierarchy and to strive for self-actualization as defined by Adler (1935).

Chapter Summary

This chapter outlined the main areas that supported this study. Maslow (1943), Adler (1935), and Myers and Sweeney (2005) provided the theoretical framework on which the study rested. Their theories of human striving for self-actualization and wellness with a holistic perspective describe the very essence of the issues that surround domestic violence. Domestic violence victims lack the majority of the skills, knowledge, well-being, safety, and security that are needed to bring these theoretical models to fruition. This is illustrated by the current and historical perspectives on domestic violence which I described in the previous pages. The possibility of the use of the 5FWel as an instrument for bringing the victim of domestic violence out of the cycle of victimization and into the realm of hope for overall wellness is explored in the remaining chapters. However, in order to achieve such a lofty goal, one must examine the current state of wellness of victims of domestic violence and compare them with the "normal" population. The next sections of the paper delve into the methodology of the research, the analysis of data, and, finally, the conclusions of the research.

Chapter 3:

Methodology

Population

Shelter.

The population for this study was a group of female victims of domestic violence who sought emergency shelter at the agency where I am employed. Participants were recruited directly from the agency's shelter. All female clients who sought shelter and met the criteria of being able to read English were asked to participate in the study until the number of participants reached 75.

Local normative group.

Participants in the local normative group were also all female. These participants were recruited from area churches and a local Mothers of Preschoolers (MOPS) group that is active in the county in which the agency is located. Presentations were made in group settings, including women's Bible study circles and MOPS meetings. All who wished to participate were included in the study until the number of local participants reached 89. The sample was a convenience sample, with one church group recommending other groups that might be willing to participate. Fourteen of the individuals who said that they would participate did not return the instrument to me.

Instrumentation

The instrument used in this study was the 5FWel. This instrument is a self-directed online assessment designed to assess the wellness levels of the individual at a specific moment in time (Myers & Sweeney, 2005). This instrument grew out of the

research conducted by Myers and Sweeney on the Wheel of Wellness. The factor analysis performed on the Wheel of Wellness did not support a cyclical structure of the model (Hattie et al., 2004; Myers & Sweeney, 2005). Instead, it supported the Indivisible Self model which can be found in Appendix A. This structure led to a new assessment—the 5FWel. The 5FWel was normed on 3,343 individuals (Hattie et al., 2004; Myers & Sweeney, 2005). It has an overarching factor of global wellness which is the higher order wellness factor and is scored on the 5FWel as the total wellness factor (Hattie et al., 2004; Myers & Sweeney, 2005). Myers and Sweeney define this factor as “the sum of all items and is a measure of one’s overall well-being” (p. 7).

Following the higher order factor of wellness, there are five second order factors. These are the creative self, the coping self, the social self, the essential self, and the physical self. The five second order factors comprise the main areas that make up the Indivisible Self model (see Appendix A for the diagram of the Indivisible Self model) in addition to the overall factor of wellness and the third order factors. The creative self is composed of the third order factors of thinking, emotions, control, positive humor, and work (Hattie et al., 2004; Myers & Sweeney, 2005). According to Myers and Sweeney, the creative self, as identified on the 5FWel, is based on the Adlerian perspective of the creative self. They define the creative self factor as the “combination of attributes that each of us forms to make a unique place among others in our social interactions” (p. 7). The coping self is comprised of the four third order factors of realistic beliefs, stress management, leisure, and self worth. Myers and Sweeney state that the coping self is “composed of elements that regulate our response to life events and provide a means

for transcending their negative affects” (p. 8). The next factor of the social self includes only two third order factors—friendship and love. Myers and Sweeney believe that friendship and love exist on a continuum of sorts and are variations of one another and that the social support we receive from others is one of the defining factors of overall wellness. The fourth factor of the essential self is composed of the four third order factors of spirituality, self care, gender identity, and cultural identity. All of these factors work together to inform our personal “meaning making process in relation to life, self, and others” (Myers & Sweeney, 2005, p. 8). The final factor of the physical self includes two third order factors of exercise and nutrition. These are the factors most commonly associated with wellness, but they are only a part of the whole when using this holistic model.

Within the overarching five second order factors there are 17 discrete third order factors. Each definition is lengthy and detailed, so to fully explain these factors, the definitions have been organized into the following table which provides a concise list of each definitions. Definitions are verbatim from the 5FWel instrument manual and can be found on pages 10 and 11.

Wellness

The sum of all items on the 5F-Wel; a measure of one’s general; well being or total wellness.

Creative Self

The combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world.

Thinking: Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to think both divergently and convergently when problem solving; the capacity to change one's thinking in order to manage stress; the ability to apply problem solving strategies in resolving social conflicts.

Emotions: Being aware of or in touch with one's feelings; being able to express one's feelings appropriately; being able to enjoy positive emotions as well as being able to cope with negative emotions; having a sense of energy; avoiding chronic negative emotional states.

Control: Beliefs about your competence, confidence, and mastery (i.e., "I can"); belief that you can usually achieve the goals you set out for yourself; being able to exercise individual choice through imagination, knowledge, and skill; having a sense of planfulness in life; being able to be direct in expressing one's needs (assertive).

Work: Being satisfied with one's work; having adequate financial security; feeling that one's skills are used appropriately; feeling that one can manage one's workload; feeling a sense of job security; feeling appreciated in the work one does; having satisfactory relationships with others on the job; being satisfied with activities in work and play which one chooses to perform; having a playful attitude toward life tasks; the ability to cope with stress in the workplace.

Positive Humor: Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to laugh appropriately at others; having the capacity to see the contradictions and predicaments of life in an objective manner such that one can gain

new perspectives; enjoying the idiosyncrasies and inconsistencies of life; the ability to use humor to accomplish even serious tasks.

Coping Self

The combination of elements that regulate our responses to life events and provide a means for transcending their negative effects.

Leisure Activities: Done in one's free time: satisfaction with one's leisure activities, importance of leisure, positive feelings associated with leisure, having at least one activity in which "I lose myself and time stands still", ability to approach tasks from a playful point of view; having a balance between work and leisure activities; ability to put work aside for leisure without feeling guilty.

Stress Management: General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth rather than as a threat to one's security; on-going self-monitoring and assessment of one's coping resources; the ability to organize and manage resources such as time, energy, setting limits, and need for structure.

Self Worth: Accepting who and what one is, positive qualities along with imperfections; acceptance of one's physical appearance; affirming the value of one's existence; valuing oneself as a unique individual.

Realistic Beliefs: Understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect; the ability to perceive reality accurately, not as one might want or desire it to be; separating that which is logical and rational from that which is distorted, irrational, or wishful thinking; controlling the

"shoulds," "oughts," "dos," and "don't" which tend to rule one's life; avoiding unrealistic expectations or wishful thinking.

Social Self

Social support through connections with others in our friendships and intimate relationships, including family ties.

Friendship: Social relationships that involve a connection with others individually or in community, but which do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed; not being lonely; being comfortable in social situations; having a capacity to trust others; having empathy for others; feeling understood by others; having relationships in which non-judgmental caring is experienced; being comfortable with one's social skills for interacting with others; being involved in one or more community groups.

Love: The ability to be intimate, trusting, and self-disclosing with another person; the ability to give as well as express affection with significant others; the ability to accept others without conditions, to convey non-possessive caring which respects the uniqueness of another; having at least one relationship that is secure, lasting, and for which there is a mutual commitment; having concern for the nurturance and growth of others; experiencing physical and emotional satisfaction with one's sexual life; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, the ability to solve problems together,

commitment to one another, healthy communication styles, shared time together, the ability to cope with stress, and mutual appreciation.

Essential Self

Our essential meaning-making processes in relation to life, self, and others.

Spirituality: Personal beliefs and behaviors that are practiced as part of the recognition that we are more than the material aspects of mind and body. Dimensions include belief in a higher power; hope and optimism, worship, prayer, and/or meditation; purpose in life, love (compassion for others); moral values; and transcendence, or a sense of oneness with the universe.

Gender Identity: Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity (i.e., ability to be androgynous).

Cultural Identity: Satisfaction with one's cultural identity; feeling supported in one's cultural identity; transcendence of one's cultural identity (i.e., cultural assimilation).

Self-Care: Taking responsibility for one's wellness through self-care and safety habits that are preventive in nature; such habits include obtaining timely medical care, wearing a seat belt; limiting the use of prescribed drugs and avoiding the use of illegal drugs; avoiding the use of tobacco; abstaining from or very moderately using alcohol; getting adequate sleep; minimizing the harmful effects of pollution in your environment.

Physical Self

The biological and physiological processes that comprise the physical aspects of our development and functioning.

Exercise: Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility in the major muscles and joints of the body through work, recreation, or stretching exercises; regular exercise and not overdoing it are important guidelines.

Nutrition: Eating a nutritionally balanced diet, three meals a day including breakfast, consuming fats, cholesterol, sweets, and salt sparingly; maintaining a normal weight (i.e., within 15% of the ideal) and avoiding overeating.

The final factors that are weighed on the 5FWel are the contextual variables (Myers & Sweeney, 2005). These are based on the concept that we cannot understand individuals unless we understand the context within which they exist. The local context assesses an individual's comfort level with her or his own system in which they lead their daily lives—family, friends, neighborhoods, etc. The institutional context includes the media, educational systems, religion, government, business, and industry. Individuals may experience this context directly or indirectly. The global context includes politics, culture, national, and worldwide events. The final construct is the chronometrical context which looks at change over time and assesses the individual's comfort level with change as a normal event.

The instrument is designed to be used by those with a 9th grade basic English reading level. There are two other versions of the assessment that are designed for use

with middle and elementary reading levels (Myers & Sweeney, 2005). This instrument is not designed to assess mental illness or to be used for any other diagnostic purposes. It is simply a self-directed assessment designed to help individuals understand their current levels of wellness and perhaps initiate a conversation about how to improve one's life (Hattie et al., 2004; Myers & Sweeney, 2005). The scale used for this study is a Likert type scale with respondents choosing from strongly agree, agree, disagree, and strongly disagree in response to the statements. Examples of the statements are

- I engage in a leisure activity in which I lose myself and feel like time stands still.
- Being a male/female is a source of satisfaction and pride to me.
- I feel like I need to keep other people happy.
- I use a seat belt when riding in a car.
- I am often unhappy because my expectations are not met.

The statements are all designed to correlate with a specific portion of the Indivisible Self model.

Data Collection Procedure

Shelter.

During the intake procedure at the agency, the shelter staff asked clients to participate in the study using the 5FWel. Clients were notified that as part of their overall case management plans, they would take the 5FWel and create wellness goals that they would work on. However, the participants were given the choice to allow or not allow their results to be used in the study. During the intake process, the staff reviewed the informed consent form for research with them and gave the clients the choice to agree to or decline the inclusion of their results in the study. If I was not present when clients completed the initial intake, they signed only the informed consent for services; they did not sign the informed consent for research until I was available to explain in person the research and procedure. During the initial intake procedures completed by other staff, they informed the clients that I would speak with them about their participation in the study.

When I discussed the informed consent for research with participants, I explained in simple and direct language that participation was completely the client's choice and any decision she made was acceptable and would not affect any other dimension of her service provision. I assured them that their results, which included personal, identifying information, would be seen by no one other than me. I asked any clients who did not choose to participate in the study to take the 5FWel as part of their case management plans, but I did not include their results in any papers or presentations that resulted from the study. While clients were welcome to refuse to take the 5FWel altogether, I assured

those who agreed to participate in the study that they were welcome to withdraw their consent for research at any time during the process without any penalty.

Within 72 hours of entrance into the agency, clients were asked to take the 5FWel on my computer. I stressed that the 5FWel was an assessment of wellness and that there were no right or wrong answers. When the results of the 5FWel were returned to me, clients were called in to the office on an individual basis to meet with me about their results. I provided a copy of the results to each client and explained the results in a generic manner with a reminder that there could be no right or wrong or good or bad results (Myers et al., 2000). I also explained that the assessment results were simply a snapshot of the individual client's wellness at the time of intake. I instructed each client to read the results and then schedule an appointment with me to add wellness goals to her case management plan. Wellness goals were formulated based on the areas of wellness that the individual client felt were most important to her overall well-being at that point in time. During her stay at the shelter, each client was encouraged by staff to continue to work on goals related to personal wellness in addition to her other case management goals. This portion of the process was programmatic in nature and did not in any way influence my analysis. This process remained a part of the agency's intensive case management protocol after the study was completed.

Results of the 5FWel were kept in a file separate from the client's agency file. When the results were returned to me, I assigned a number to them and entered the information in an Excel file. I was the only person who had access to this Excel file. In

order to ensure that the Excel file linking participants' names and code numbers was accessible only to me, the information was stored only as an encrypted file on my personal work computer which was password protected. The Excel file also served as the sole source that linked the results of the 5FWel to the client's name. The name was then redacted on all paper copies of the 5FWel results. Only I had access to these copies. After the study was completed, the paper copies of the results were destroyed. While the other case managers at the shelter had access to the wellness goals that were created as part of the case management plan, they were only privy to the individual results of the 5FWel if the client decided to share her results with them.

Local normative group.

The protocol for the participants in the local normative group was much simpler than for those who were in the shelter. I gave a presentation attended by participants and solicited their participation in the study. After the presentation, those who were interested raised their hands and were given an informed consent form. The participants signed the informed consent form, and a copy was given to each participant for her records. I collected e-mail addresses and explained to the local participants that they would receive an e-mail that stated, "[the researcher's name] has invited you to take the Five Factor Wellness Assessment." The women were asked to complete the survey as soon as possible. If there was no response after two weeks, I re-sent the invitation. If after two more weeks there was still no response, I assumed that the individual had decided not to participate in the research, and her invitation was erased. Of 89 invitations issued, 75 women responded, which is a response rate of 84%.

After participants completed the 5FWel, the results were sent directly to me. At that point in time, the results were treated in the same manner as those of the shelter clients, with names removed from the paper copy and a numerical code assigned to the local participant. The data linking the local participant to her number was kept on my work computer with the other data. It was also encrypted and password protected to guarantee further the anonymity of the participants. I did not release the information to anyone except the participant. During the initial presentation, I told each participant that she was welcome to a copy of her results but that prior to receiving a copy, she had to meet with me so that I could explain the results to her. This clause was added because it is unethical for a counselor to give a client a copy of the results of an assessment without any information regarding interpretation.

Data Analysis

I then transferred the results to an Excel file using the numerical code as the only identifying factor. When 75 intake assessments and 60 local assessments were collected and entered into the Excel spreadsheet, I worked with a University of Tennessee statistical consultant to conduct the appropriate tests and compare the results with the female norm scores that were provided by the 5FWel and generated previously. The statistical consultant was given access only to the numerical scores of the shelter clients and the local normative group participants; they did not have access to individual or identifying personal information. Results were assessed to determine if a statistically significant difference existed between the wellness scores on each of the

scales and subscales among the normalized general population, the shelter population, and the local normative population.

Specifically, data was analyzed using the SPSS statistical analysis software application. After communicating with a consultant from the University of Tennessee regarding the parameters of this particular study, I decided to use a series of one-way two-tailed t-tests to analyze portions of the data. I chose this measure instead of a MANOVA because the only data I possessed for the national normative population was the average score (Garson, 2000b). I did not have access to the individual scores for the population that was used to norm the 5FWel, making a MANOVA impossible to conduct (Garson, 2000b). The series of one-way two-tailed t-tests allowed the significance of the differences among the shelter population, the local population, and the established female norms of the 5FWel to be assessed in a clear and concise manner. A Bonferroni adjustment was made for statistical significance from .01 to .003 to accommodate the 26 factors of the 5FWel (Garson, 2009b). This adjustment eliminates the possibility of finding more statistical significance than is appropriate. The t-tests were used when comparing the shelter population to the national norm population and also when comparing the local population to the national norm population. When comparing the shelter population and the local population, I ran a MANOVA on the data because I had full data sets for those populations (Garson, 2009b).

Additionally, I conducted a confirmatory factor analysis to ensure that the domestic violence victim scores loaded in a similar fashion to the original normative

population for the 5FWel. The factor analysis determines whether or not the significance found in the t-tests is actually accurate or has been created by a difference that exists based on the population being studied (Garson, 2009a). This is a fairly common way of assuring that the instrument is appropriate for the population (Bart, Rosenberg, Ratzon, & Jarus, 2010; Molina, Gomez, & Pastrana, 2009; Smith, Lee, Colwell, & Stevens-Manser, 2008; van Dulmen, Belliston, Flannery, & Singer, 2008)

Risks and Benefits

When dealing with victims of domestic violence, there are potential risks that the helping professional might inadvertently encounter or exacerbate. A question may trigger an emotional response that the victim must process. Victims of domestic violence have experienced ongoing trauma, and any question, whether it is related to physical violence or not, may cause an emotional reaction. It was exceptionally important for me and other staff to remain aware of this possibility. The risk that the shelter participants would feel pressured to choose to participate in the research process was also possible, because people-pleasing is often a character trait of those who comprise the abused population. I assured the clients that the services provided by the agency were not dependent on their participation in the research. The clients' services depended solely on themselves and their personal motivations to change. Since this particular study focused on the wellness of victims of domestic violence, which presents as less risky than an illness focus, clients were less likely to feel retraumatized through this research process. The University of Tennessee agreed with me on these issues and approved the study after full board review. The majority of the

risks that were potentially incurred by the assessment were specific to the shelter population. The local population was expected to experience little or no risk.

None of the questions on the assessment ask about personal abuse or delve into an individual's personal story. I explained to each participant from the beginning and multiple times throughout the process that allowing the aggregate data to be used in this project was completely her decision and that it would not affect her case management plan or shelter stay. In addition, I stated that the results would remain anonymous to everyone except me and that all identifying information would be removed. Finally, I assured each participant numerous times that the assessment results were neither good nor bad, that there were no right and wrong answers, and that lower or higher scores did not mean that something was wrong with her. I also explained on several occasions that the assessment results were simply a snapshot of her level of well-being at that particular moment in time.

A risk associated with using this assessment for confidential research is that it is conducted online, and, as such, the possibility that a secure website can be compromised and sensitive client data revealed always exists. The FAQ's on the website that hosts the online version of the 5FWel (Mindgarden) address the security of the website and the manner in which they may use the assessment information. The issue of most specific concern for the purpose of this study was addressed as follows:

MGI collects the name and e-mail address of the end-user (the assessment taker) for the sole purpose of providing MGI's customers with assessment results. MGI does not share this information with any third parties (other than the

test administrator). Certain federal, state, local or other government regulations may require that we disclose personally identifiable information. In such cases, we will use reasonable efforts to disclose only the information required under applicable law. (Mindgarden FAQ's, 2009, Privacy and Data Policy section, para. 3)

I addressed this issue further by using a dummy e-mail account that the agency created specifically for the purpose of ensuring confidentiality for research participants. The invitation e-mail was sent to the agency's dummy account and was never linked to the individual taking the assessment. In addition, clients were not apprised of the existence of this account, so there was no possibility that they would access the account to send personal e-mail. Doing so could have compromised the integrity of the dummy account. Finally, the report was sent from Mindgarden to my work e-mail account. The reports were available for only a 2-week period. When I inquired about the accessibility of the assessment results after the 2-week period, the Mindgarden staff said that the results were archived in their database and could be retrieved if their network was compromised. However, I felt that this posed only a minimal risk and that the possibility of an abuser or any other individual knowing that the participant had taken this particular assessment and accessing it by hacking into Mindgarden's secure server was virtually non-existent. I anticipated every possible precaution to ensure the security of any data that was transferred via the Internet.

The other staff and I were available to address any of the participants' concerns resulting from their personal interpretations of their scores. I met with the participants

individually to develop wellness goals for their case management plans. During this time, the participants were encouraged to express and process any of their concerns regarding their wellness levels. Finally, if a client exhibited a level of distress that was not possible for me or the shelter staff to address, referrals to outside counseling agencies or private therapy were provided.

When including victims of domestic violence in published research, anonymity is paramount. Results of the 5FWel were kept in a file separate from the client's agency file. When the results were returned to me, I assigned a number to them and entered them into an Excel file. As stated earlier in the section on Methods and Procedures, I was the only person who had access to this Excel file. The Excel file was also the only source through which the results of the 5FWel were linked to the name of the shelter client. The name was redacted on the paper copies of the 5FWel results, and I was the only person who had access to these copies. Additionally, the client and I created wellness goals. After this study was completed, the paper copies of the results were destroyed. The other case managers at the shelter had access to the wellness goals that were created as part of case management plans, but were only privy to the results of the 5FWel if the client decided to share her results with them. This information is restated in this section because of the critical importance of protecting the anonymity of the participants of this study.

I transferred the results to an Excel file using a numerical code as the only identifying factor. When a sufficient number of intake assessments (30) were collected and entered into the Excel spreadsheet, I worked with a University of Tennessee

statistical consultant to conduct the appropriate tests in order to compare the results with the female norm scores already generated and provided by the 5FWel. The only place where the data linking the participant to her code number appeared was on my work computer. This computer was password protected, and the individual file was encrypted. I was the only person who had access to this data.

After the code was assigned, the identifying information was redacted from the paper versions of the assessment. The only time the paper results were used was during the meeting I conducted with the clients to create the wellness goals and in subsequent meetings with the clients. At the conclusion of the study, the paper copies of the assessment results were shredded and did not remain a part of the clients' files as per agency protocol. Participants retained the option of sharing their results with anyone they desired, because the agency and I could not create a policy preventing clients from sharing their own identifying personal information of their own volition.

As a further precaution to ensure confidentiality and client safety in any and all publications and presentations based on this study, the shelter was and will simply be referred to as a domestic violence agency in the southeastern region of the United States. Because I am also an employee of the agency, there is a very slight possibility that someone attending a conference or reading an article may realize that I work at the agency. This would only be potentially problematic if the individual who realizes I am employed there has had contact with a client of the agency who also self-disclosed that she was a client and participated in a research project. This is a highly unlikely combination of events but should be mentioned nonetheless. However, in order for this

to happen, the participant would have to have made the choice to disclose her identifying personal information to someone other than me, and thus, I would not be held responsible for the breach of confidentiality. Also, in this particular hypothetical case, the only information revealed would be the status of client and study participant, and no link between the client and the results would exist. Results will not be presented on a case-by-case basis; they will only be reported as a group.

The anticipated clinical outcomes of this study were multi-faceted. On an individual level, the participants will benefit from the results of the 5FWel through intensive therapeutic case management and the creation of wellness goals. The agency has the potential for using the results of this research to better inform its case managers about the wellness levels of victims of domestic violence. On a more global level, any agency, individual, therapist, or victim may benefit from the results by being aware of the areas in which victims of domestic violence need to bolster their levels of wellness. Examining domestic violence from a wellness perspective provides the opportunity for a decrease in stigmatization and an increase in rates of successfully breaking the cycle of violence. Although this study utilized a vulnerable population, I believe the risks to this population for participating in this study were minimal. Precautions were in place, as outlined in the previous section, to protect the anonymity of the participants. The potential benefits from an individual, agency, and global perspective far outweigh any of the potential risks considered in this study.

Chapter 4:

Results of Data Analysis

Each of the four research questions that comprised this study required a separate statistical procedure to accurately analyze the data. In order to accurately address the findings, the data are reported in this chapter by research question and summarized at the end of each section. The body of this chapter includes pertinent tables and figures, but the entire statistical output for each question can be found in the appendices. Question four, which was the factor analysis, is addressed before the other three questions because the results of the factor analysis determine whether or not the other results are useful. Chapter five links all of the data results and the conclusions drawn from them into a cohesive summary.

Question 4

4. Does a confirmatory factor analysis show that using the 5FWel with a population of domestic violence victims compare favorably with a “normal” population?

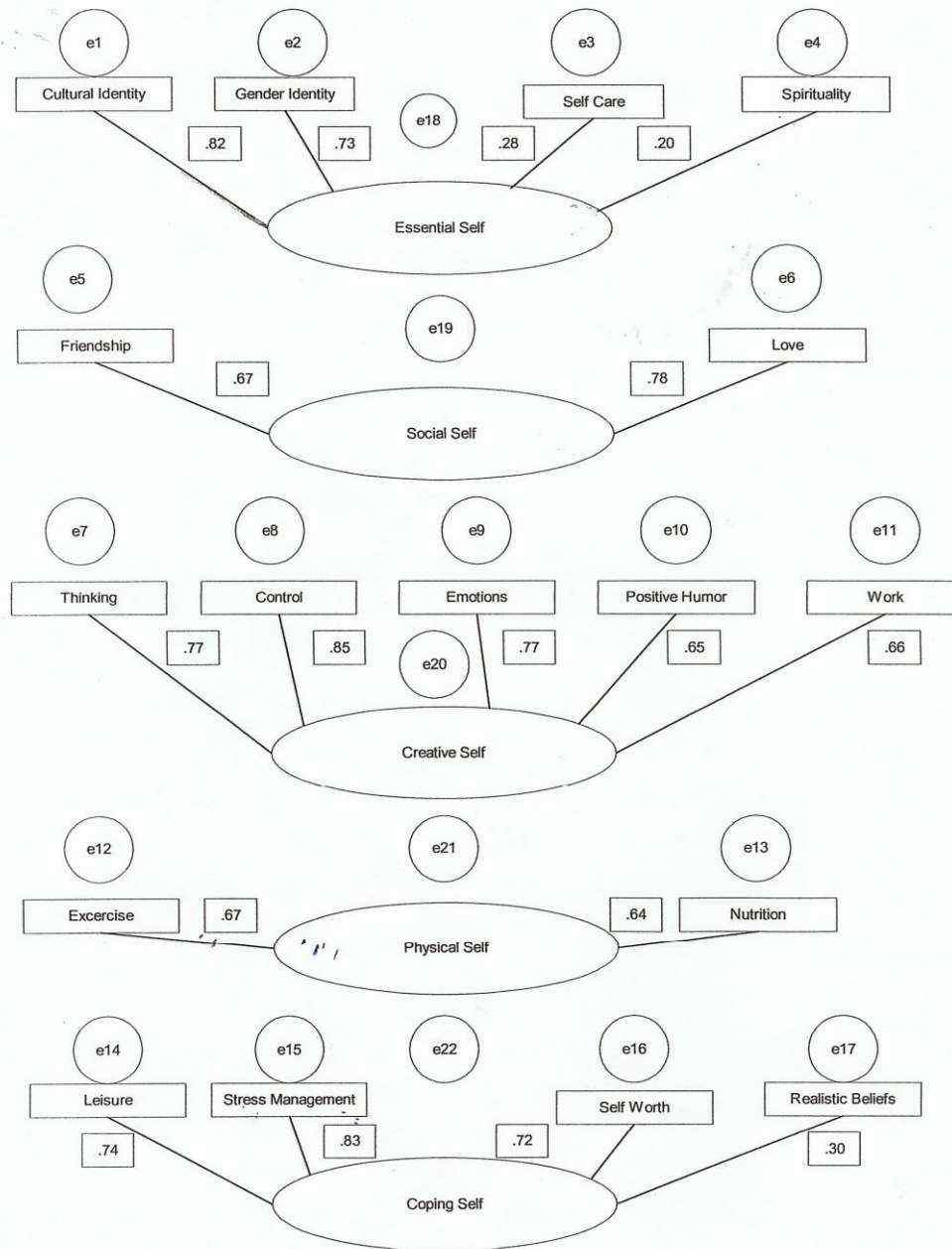


Figure 1. 5FWel

For use by Tara Harvey only. Received from Mind Garden, Inc. on August 19, 2009

Figure 1. The Five Factor Structural Model (Hattie et al., 2004)

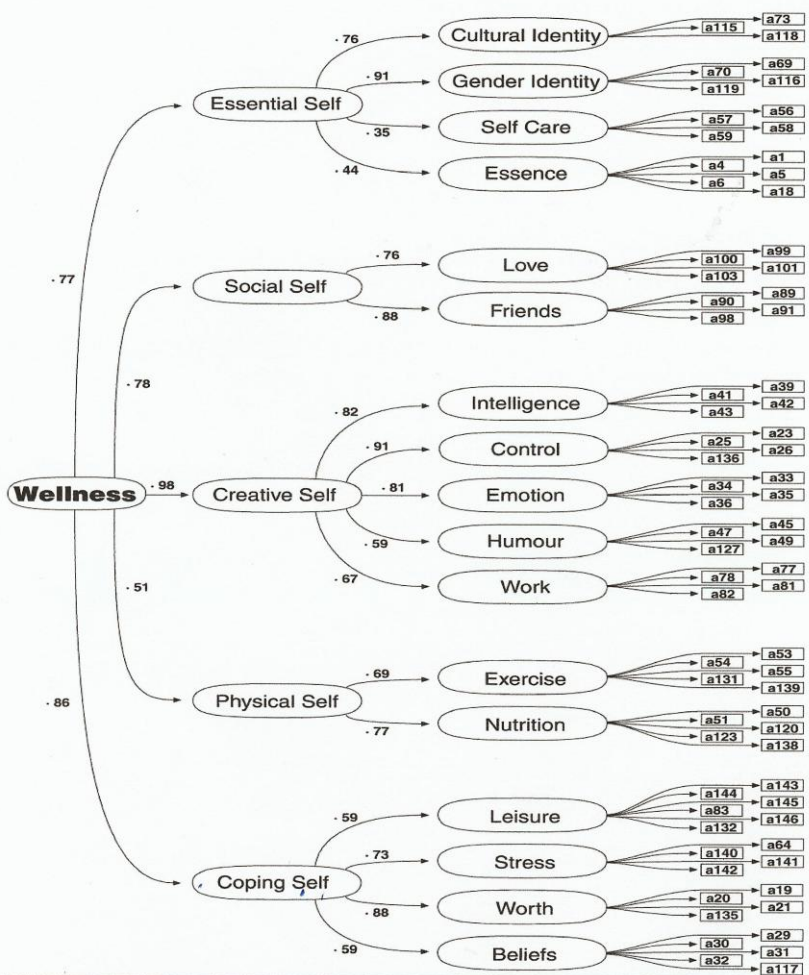


Figure 2. The Five Factor Structural Model

Table 1
CMIN

Model	<i>NPAR</i>	<i>CMIN</i>	<i>df</i>	<i>p</i>	<i>CMIN/df</i>
Default model	59	188.172	111	.000	1.695
Saturated model	170	.000	0		
Independence model	34	722.880	136	.000	5.315

Figures 1 and 2 are the pictorial representation of the factor analysis run by myself and by Myers, Leucht and Sweeney (2004). Tables 1 and 2 depict the results of the factor analysis that was run on the data for victims of domestic violence to determine if the 5FWel is an appropriate assessment to use with this particular population. The results show that while there are differences in the ways that the factors load, the model is still within the appropriate range for goodness of fit as shown by the Chi Square divided by the degrees of freedom (CMIN/DF). The number 1.695 is well within the range of under 3.0 which is the upper limit of goodness of fit (Garson, 2009a).

Table 2
Covariances (Group Number 1—Default Model)

Secondary Factors	Estimate	SE	CR	<i>p</i>	Label
e18<-->e19	108.810	32.834	3.314	***	
e18<-->e20	88.969	24.458	3.638	***	
e18<-->e21	84.127	27.322	3.079	0.002	
e18<-->e22	105.099	27.414	3.834	***	
e19<-->e20	111.774	27.580	4.053	***	
e19<-->e21	138.538	32.247	4.296	***	
e19<-->e22	145.241	32.228	4.507	***	
e20<-->e21	101.230	23.952	4.226	***	
e20<-->e22	117.611	26.024	4.519	***	
e21<-->e22	118.785	26.873	4.420	***	

Additionally, when the factor analysis was run, I found a high correlation between the five secondary factors, as is shown in Table 2. E18 is the essential self, e19 is the social self, e20 is the creative self, e21 is the physical self, and e22 is the coping self. Figure 1 clearly depicts that all of the covariances are interrelated, and the covariances are all statistically significant. In the model created by Myers and Sweeney (2005), no correlation is shown between the five secondary factors in their factor analysis, assuming that all of the factors are independent of each other and only load as part of the overall wellness level. The factor analysis that was run for the current study shows

pictorially the high correlation between the secondary factors in Table 2 on page 82. See Appendix G for the full print out of the results of the factor analysis. Overall, the most important thing that the factor analysis shows is that while the factors have different weights for victims of domestic violence, the factors still load in the same manner, which indicates that the 5FWel assesses wellness levels for the victims as well as the normal population.

Question 1

The overall questions and subquestions were assessed statistically by using a series of one-way two-tailed t-tests (Garson, 2009b). (See Appendix D for the entire statistical output results.) T-tests were used in place of a MANOVA because the only data available on the national population was the means and not the raw data set. A raw data set would have been necessary to run a MANOVA. In order to assess significance levels in an appropriate fashion, a Bonferroni adjustment (Garson, 2009b) was made, reducing the significance levels for the t-tests from .05 to .003. This adjustment was made due to the large number of individual factors that are present in and analyzed from the 5FWel.

1. How do all of the wellness levels of domestic violence victims at the time of shelter intake compare with the established female norms on the 5FWel?

1a) How does the overall wellness score compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 3
One-Sample Test for Total Wellness

One-Sample Test for Total Wellness						
Test Value = 72						
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Total Wellness	-3.919	73	.000	-4.8527027	-7.320489	-2.384916

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

There is a statistically significant difference between the overall wellness of victims of domestic violence in shelter and the normed population on the 5FWel.

1b) How do the five second order factors of coping, social, essential, creative, and physical compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 4
One-Sample Test for Coping Self

One-Sample Test for Coping Self						
Test Value = 68.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Coping Self	-4.740	73	.000	-6.3864865	-9.071748	-3.701225

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 5
One-Sample Test for Social Self

One-Sample Test for Social Self						
Test Value = 78.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Social Self	-3.802	73	.000	-7.5418919	-11.495312	-3.588471

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 6
One-Sample Test for Essential Self

One-Sample Test for Essential Self						
Test Value = 74.5						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Essential Self	2.651	73	.010	2.9338	.729	5.139

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 7
One-Sample Test for Creative Self

One-Sample Test for Creative Self						
Test Value = 73.3						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Creative Self	-3.362	73	.001	-4.4324324	-7.059762	-1.805103

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 8
One-Sample Test for Physical Self

One-Sample Test for Physical Self						
Test Value = 66.4						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Physical Self	-2.728	73	.008	-4.5081081	-7.801099	-1.215117

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Of the five secondary factors, the coping self, the social self, and the creative self are all statistically significant to the .000 level.

1c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and

love compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 9

One-Sample Test for Thinking

One-Sample Test for Thinking						
Test Value = 73.4						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Thinking	-.817	73	.417	-1.3054054	-4.490881	1.880070

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 10

One-Sample Test for Emotions

One-Sample Test for Emotions						
Test Value = 73.5						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Emotions	-1.490	73	.140	-2.2730	-5.312	.766

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 11
One-Sample Test for Control

One-Sample Test for Control						
Test Value = 74.2						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Control	-4.242	73	.000	-7.9865	-11.739	-4.234

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 12
One-Sample Test for Positive Humor

One-Sample Test for Positive Humor						
Test Value = 74.3						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Positive Humor	.082	73	.935	.1324	-3.094	3.359

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 13
One-Sample Test for Leisure

One-Sample Test for Leisure						
Test Value = 71.6						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Leisure	-5.308	73	.000	-9.2945946	-12.784724	-5.804465

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 14
One-Sample Test for Stress Management

One-Sample Test for Stress Management						
Test Value = 71.6						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Stress Manage- ment	-3.945	73	.000	-7.8973	-11.887	-3.907

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 15

One-Sample Test for Self Worth

One-Sample Test for Self Worth						
Test Value = 74.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self Worth	-.103	73	.918	-.2041	-4.138	3.730

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 16

One-Sample Test for Realistic Beliefs

One-Sample Test for Realistic Beliefs						
Test Value = 74.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Realistic Beliefs	-4.538	73	.000	-6.7811	-9.759	-3.803

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 17

One-Sample Test for Friendship

One-Sample Test for Friendship						
Test Value = 77.4						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Friendship	-6.111	73	.000	-13.6108108	-18.049767	-9.171855

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 18

One-Sample Test for Love

One-Sample Test for Love						
Test Value = 79.9						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Love	-.333	73	.740	-.7445946	-5.203295	3.714106

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 19

One-Sample Test for Spirituality

One-Sample Test for Spirituality						
Test Value = 72.9						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Spirituality	3.884	73	.000	7.3364865	3.571613	11.101360

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 20

One-Sample Test for Gender Identity

One-Sample Test for Gender Identity						
Test Value = 74.7						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Gender Identity	-.202	73	.840	-.3541	-3.840	3.132

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 21

One-Sample Test for Cultural Identity

One-Sample Test for Cultural Identity						
Test Value = 72.1						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Cultural Identity	.466	73	.642	.8675676	-2.841505	4.576640

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 22

One-Sample Test for Self Care

One-Sample Test for Self Care						
Test Value = 78.3						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self Care	-.902	73	.370	-1.3324	-4.277	1.613

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 23
One-Sample Test for Exercise

One-Sample Test for Exercise						
Test Value = 68.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Exercise	-.249	73	.804	-.4892	-4.411	3.432

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 24
One-Sample Test for Nutrition

One-Sample Test for Nutrition						
Test Value = 64.1						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Nutrition	-4.469	73	.000	-8.7621622	-12.669776	-4.854549

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Out of the 17 tertiary factors, there are only 8 that are statistically significantly different for the victim population than for the national normative population. These are control, work, leisure, stress management, realistic beliefs, friendship, spirituality, and nutrition.

1d) How do the local contexts of safety compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 25
One-Sample Test for Local Context

One-Sample Test for Local Context						
Test Value = 73.3						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Local	-4.626	73	.000	-10.1243	-14.486	-5.762

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Victims of domestic violence differ significantly from the national normative population in the local context, which addresses feelings of safety in one's local environment, such as one's home.

1e) How do the institutional contexts compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 26
One-Sample Test for Institutional Context

One-Sample Test for Institutional Context						
Test Value = 71.4						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Institutional	-1.975	73	.052	-3.6040541	-7.240865	.032757

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Victims of domestic violence do not differ significantly from the national normative population in the institutional context, which addresses how comfortable one is in areas of local participation such as church, school, work, etc.

1f) How do the global contexts compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 27
One-Sample Test for Global Context

One-Sample Test for Global Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Global	2.344	73	.022	3.9743243	.595748	7.352901

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

There is also not a significant difference between the victims of domestic violence and the national normative population in matters of a global nature.

1g.) How do the chronometrical contexts compare for the victims of domestic violence and the national norms established by the 5FWel?

Table 28
One-Sample Test for Chronometrical Context

One-Sample Test for Chronometrical Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Chronometrical	-.461	73	.646	-.6973	-3.713	2.318

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Finally, there is no significant difference between the victims of domestic violence and the national normative population in the chronometrical context, which addresses the movement of the individual across the life span.

There are not as many instances of statistical significance as the preliminary research indicated could be expected. The data was run on a group of 74 people and compared to a national group of over 3,000 individuals. The areas found to be statistically significant were incredibly significant and would bear further investigation

into why these particular areas are significantly different for victims of domestic violence.

Question 2

The overall questions and subquestions were statistically assessed by using a series of one-way two-tailed t-tests (Garson, 2009b). (See Appendix E for the entire statistical output.) T-tests were used in place of a MANOVA because the only data available on the national population was the means and not the raw data set. A raw data set would have been necessary to run a MANOVA. In order to assess significance levels in an appropriate fashion, a Bonferroni adjustment (Garson, 2009b) was made, reducing the significance levels for the t-tests from .05 to .003. This adjustment was made due to the large number of individual factors that were present in and analyzed from the 5FWel.

2. How do all of the wellness levels of the normative 5FWel female population and the normative scores of the local female participants compare?

2a) How does the overall wellness score compare for the local population and the national norms established by the 5FWel?

Table 29
One-Sample Test for Total Wellness

One-Sample Test for Total Wellness						
Test Value = 72						
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Total Wellness	13.272	65	.000	10.1712121	8.640690	11.701734

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

The local female population and the national normative female population from the 5FWel are statistically significantly different to the level of .000.

2b.) How do the five second order factors of coping, social, essential, creative, and physical compare for the local population and the national norms established by the 5FWel?

Table 30
One-Sample Test for Coping Self

One-Sample Test for Coping Self						
Test Value = 68.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Coping Self	10.287	65	.000	9.1318182	7.359018	10.904618

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 31

One-Sample Test for Social Self

One-Sample Test for Social Self						
Test Value = 78.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Social Self	16.631	65	.000	15.5863636	13.714705	17.458022

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 32

One-Sample Test for Essential Self

One-Sample Test for Essential Self						
Test Value = 74.5						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Essential Self	19.295	65	.000	17.6227	15.799	19.447

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 33
One-Sample Test for Creative Self

One-Sample Test for Creative Self						
Test Value = 73.3						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Creative Self	10.937	65	.000	9.4424242	7.718230	11.166618

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 34
One-Sample Test for Physical Self

One-Sample Test for Physical Self						
Test Value = 66.4						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Physical Self	5.268	65	.000	9.6984848	6.021868	13.375101

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

All secondary factor scores on the 5FWel are statistically significantly different for the local female population and the national normative female population.

2c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and love compare for the local population and the national norms established by the 5FWel?

Table 35
One-Sample Test for Thinking

One-Sample Test for Thinking						
Test Value = 73.4						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Thinking	10.824	65	.000	10.9939394	8.965448	13.022431

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 36
One-Sample Test for Emotions

One-Sample Test for Emotions						
Test Value = 73.5						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Emotions	8.880	65	.000	9.4803	7.348	11.612

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 37
One-Sample Test for Control

One-Sample Test for Control						
Test Value = 74.2						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Control	7.687	65	.000	9.3833	6.945	11.821

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 38
One-Sample Test for Work

One-Sample Test for Work						
Test Value = 71.3						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Work	6.734	65	.000	6.734	6.653	12.262

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 39

One-Sample Test for Positive Humor

One-Sample Test for Positive Humor						
Test Value = 74.3						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Positive Humor	6.021	65	.000	7.9636	5.322	10.605

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 40

One-Sample Test for Leisure

One-Sample Test for Leisure						
Test Value = 71.6						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Leisure	4.388	65	.000	7.1909091	3.918149	10.463670

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 41

One-Sample Test for Stress Management

One-Sample Test for Stress Management						
Test Value = 71.6						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Stress Management	8.095	65	.000	10.8197	8.150	13.489

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 42

One-Sample Test for Self Worth

One-Sample Test for Self Worth						
Test Value = 74.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self Worth	8.179	65	.000	11.0167	8.327	13.707

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 43

One-Sample Test for Realistic Beliefs

One-Sample Test for Realistic Beliefs						
Test Value = 74.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Realistic Beliefs	6.477	65	.000	8.6182	5.961	11.275

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 44

One-Sample Test for Friendship

One-Sample Test for Friendship						
Test Value = 77.4						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Friendship	13.863	65	.000	14.7575758	12.631512	16.883639

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 45
One-Sample Test for Love

One-Sample Test for Love						
Test Value = 79.9						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Love	15.027	65	.000	16.3212121	14.152080	18.490344

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 46
One-Sample Test for Spirituality

One-Sample Test for Spirituality						
Test Value = 72.9						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Spirituality	19.382	65	.000	21.4939394	19.279204	23.708675

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 47
One-Sample Test for Gender Identity

One-Sample Test for Gender Identity						
Test Value = 74.7						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Gender Identity	7.648	65	.000	12.0561	8.908	15.204

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 48
One-Sample Test for Cultural Identity

One-Sample Test for Cultural Identity						
Test Value = 72.1						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Cultural Identity	8.183	65	.000	13.2606061	10.024268	16.496944

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 49
One-Sample Test for Self-Care

One-Sample Test for Self-Care						
Test Value = 78.3						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self-Care	23.541	65	.000	19.0545	17.438	20.671

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 50
One-Sample Test for Exercise

One-Sample Test for Exercise						
Test Value = 68.8						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Exercise	2.373	65	.021	5.1394	.814	.814

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Table 51
One-Sample Test for Nutrition

One-Sample Test for Nutrition						
Test Value = 64.1						
Third Order Factor	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Nutrition	7.314	65	.000	14.1575758	10.291683	18.023468

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

All 17 tertiary factor scores on the 5FWel are statistically significantly different for the local female population and the national normative female population with the exception of the exercise score, which is .021.

2d) How do the local contexts of safety compare for the local population and the national norms established by the 5FWel?

Table 52
One-Sample Test for Local Context

One-Sample Test for Local Context						
Test Value = 73.3						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Local	14.327	65	.000	16.4727	14.176	18.769

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

The local context of safety is statistically significant to the level of .000 for the local population and the national normative population.

2e) How do the institutional contexts compare for the local population and the national norms established by the 5FWel?

Table 53
One-Sample Test for Institutional Context

One-Sample Test for Institutional Context						
Test Value = 73.3						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Institutional	14.327	65	.000	5.5151515	2.625807	8.404496

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

The institutional context is also significant to the level of .000 for the local population when compared to the national normative population.

2f.) How do the global contexts compare for the local population and the national norms established by the 5FWel?

Table 54

One-Sample Test for Global Context

One-Sample Test for Global Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Global	-1.688	65	.096	-2.8864	-6.302	.529

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

The global context is not statistically significant for the local population when compared to the national normative population for the 5FWel.

2g) How do the chronometrical contexts compare for the local population and the national norms established by the 5FWel?

Table 55

One-Sample Test for Chronometrical Context

One-Sample Test for Chronometrical Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	Sig. (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Chronometrical	4.982	65	.000	5.1197	3.067	7.172

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

The chronometrical context is statistically significant to the level of .000 when compared to the national normative population.

Question 3

The data for Question 3 was analyzed using a MANOVA (Garson, 2009b) because I had raw data for the victim and the local female population. Unlike the individual t-tests, the data is reported as a whole results set and as one rather than individually, as was reported in the previous two questions. Additionally, the significance level for the MANOVA was set at .05 rather than .003 because a Bonferroni adjustment was not needed to ensure the goodness of fit with the MANOVA. The entire set of results from the MANOVA are located in Appendix F.

3. How do all of the wellness levels of the female victim population and the normative local female population compare?

3a) How does the overall wellness score compare for the victims of domestic violence and the local population?

3b) How do the five second order factors of coping, social, essential, creative, and physical compare for the victims of domestic violence and the local population?

3c) How do the 17 third order factors of thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self care, friendship, and love compare for the victims of domestic violence and the local population?

3d) How do the local contexts of safety compare for the victims of domestic violence and the local population?

3e) How do the institutional contexts compare for the victims of domestic violence and the local population?

3f) How do the global contexts compare for the victims of domestic violence and the local population?

3g) How do the chronometrical contexts compare for the victims of domestic violence and the local population?

Table 56

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	MS	F	Sig.
Corrected Model	Creative Self	6715.906 ^a	1	6715.906	73.640	.000
	Coping Self	8401.100 ^b	1	8401.100	87.917	.000
	Social Self	18660.934 ^c	1	18660.934	102.909	.000
	Essential Self	7527.118 ^d	1	7527.118	101.910	.000
	Physical Self	7040.889 ^e	1	7040.889	33.177	.000
	Local Context	24678.264 ^f	1	24678.264	107.942	.000
	Institutional Context	2901.093 ^g	1	2901.093	14.846	.000
	Global Context	1642.037 ^h	1	1642.037	8.073	.005
	Chronometrical Context	1180.443 ⁱ	1	1180.443	9.640	.002
	Life Satisfaction Index	43518.559 ^j	1	43518.559	113.505	.000
	Total Wellness	7874.334 ^k	1	7874.334	100.598	.000
	Thinking	5277.297 ^l	1	5277.297	39.957	.000
	Emotions	4819.095 ^m	1	4819.095	38.107	.000
	Control	10525.391 ⁿ	1	10525.391	56.871	.000
	Work	13692.666 ^o	1	13692.666	76.825	.000
	Positive Humor	2139.463 ^p	1	2139.463	13.629	.000

Table 56
Tests of Between-Subjects Effects (continued)

Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Corrected Model	Leisure	9480.954 ^q	1	9480.954	46.583	.000
	Stress Management	12221.368 ^r	1	12221.368	57.528	.000
	Self Worth	4392.271 ^s	1	4392.271	21.023	.000
	Realistic Beliefs	8272.704 ^t	1	8272.704	58.075	.000
	Friendship	28074.814 ^u	1	28074.814	122.374	.000
	Love	10160.177 ^v	1	10160.177	43.682	.000
	Spirituality	6992.265 ^w	1	6992.265	39.300	.000
	Gender Identity	5372.782 ^x	1	5372.782	27.274	.000
	Cultural Identity	5358.006 ^y	1	5358.006	24.667	.000
	Self-Care	14499.510 ^z	1	14499.510	136.990	.000
	Exercise	1105.213 ^{aa}	1	1105.213	3.716	.056
	Nutrition	18325.968 ^{ab}	1	18325.968	68.646	.000
	Total Wellness	7869.914 ^{ac}	1	7869.914	100.475	.000

When comparing the local population and the domestic violence victim population, the only scores that are not statistically significantly different between the populations are the exercise score and the global context score.

Table 57
Pairwise Comparisons

Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% CI ^a	
						Lower Bound	Upper Bound
Creative Self	local	victim	13.875 [*]	1.617	.000	10.678	17.072
	victim	local	-13.875 [*]	1.617	.000	-17.072	-10.678
Coping Self	local	victim	15.518 [*]	1.655	.000	12.246	18.791
	victim	local	-15.518 [*]	1.655	.000	-18.791	-12.246
Social Self	local	victim	23.128 [*]	2.280	.000	18.620	27.636
	victim	local	-23.128 [*]	2.280	.000	-27.636	-18.620
Essential Self	local	victim	14.689 [*]	1.455	.000	11.812	17.566
	victim	local	-14.689 [*]	1.455	.000	-17.566	-11.812
Physical Self	local	victim	14.207 [*]	2.466	.000	9.330	19.084
	victim	local	-14.207 [*]	2.466	.000	-19.084	-9.330
Local Context	local	victim	26.597 [*]	2.560	.000	21.535	31.659
	victim	local	-26.597 [*]	2.560	.000	-31.659	-21.535
Institutional Context	local	victim	9.119 [*]	2.367	.000	4.439	13.799
	victim	local	-9.119 [*]	2.367	.000	-13.799	-4.439
Global Context	local	victim	-6.861 [*]	2.415	.005	-11.635	-2.086
	victim	local	6.861 [*]	2.415	.005	2.086	11.635
Chronometrical Context	local	victim	5.817 [*]	1.874	.002	2.113	9.521
	victim	local	-5.817 [*]	1.874	.002	-9.521	-2.113

Table 57

Pairwise Comparisons (continued)

Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% CI ^a	
						Lower Bound	Upper Bound
Life Satisfaction Index	local	victim	35.319 [*]	3.315	.000	28.764	41.875
	victim	local	-35.319 [*]	3.315	.000	-41.875	-28.764
Total Wellness	local	victim	15.024 [*]	1.498	.000	12.062	17.986
	victim	local	-15.024 [*]	1.498	.000	-17.986	-12.062
Thinking	local	victim	12.299 [*]	1.946	.000	8.452	16.147
	victim	local	-12.299 [*]	1.946	.000	-16.147	-8.452
Emotions	local	victim	11.753 [*]	1.904	.000	7.989	15.518
	victim	local	-11.753 [*]	1.904	.000	-15.518	-7.989
Control	local	victim	17.370 [*]	2.303	.000	12.816	21.924
	victim	local	-17.370 [*]	2.303	.000	-21.924	-12.816
Work	local	victim	19.812 [*]	2.260	.000	15.342	24.281
	victim	local	-19.812 [*]	2.260	.000	-24.281	-15.342
Positive Humor	local	victim	7.831 [*]	2.121	.000	3.637	12.026
	victim	local	-7.831 [*]	2.121	.000	-12.026	-3.637
Leisure	local	victim	16.486 [*]	2.415	.000	11.710	21.261
	victim	local	-16.486 [*]	2.415	.000	-21.261	-11.710
Stress Management	local	victim	18.717 [*]	2.468	.000	13.838	23.596
	victim	local	-18.717 [*]	2.468	.000	-23.596	-13.838

Table 57

Pairwise Comparisons (continued)

Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% CI ^a	
						Lower Bound	Upper Bound
Self Worth	local	victim	11.221 [*]	2.447	.000	6.382	16.060
	victim	local	-11.221 [*]	2.447	.000	-16.060	-6.382
Realistic Beliefs	local	victim	15.399 [*]	2.021	.000	11.404	19.395
	victim	local	-15.399 [*]	2.021	.000	-19.395	-11.404
Friendship	local	victim	28.368 [*]	2.564	.000	23.298	33.439
	victim	local	-28.368 [*]	2.564	.000	-33.439	-23.298
Love	local	victim	17.066 [*]	2.582	.000	11.960	22.171
	victim	local	-17.066 [*]	2.582	.000	-22.171	-11.960
Spirituality	local	victim	14.157 [*]	2.258	.000	9.692	18.623
	victim	local	-14.157 [*]	2.258	.000	-18.623	-9.692
Gender Identity	local	victim	12.410 [*]	2.376	.000	7.711	17.109
	victim	local	-12.410 [*]	2.376	.000	-17.109	-7.711
Cultural Identity	local	victim	12.393 [*]	2.495	.000	7.459	17.327
	victim	local	-12.393 [*]	2.495	.000	-17.327	-7.459
Self-Care	local	victim	20.387 [*]	1.742	.000	16.943	23.831
	victim	local	-20.387 [*]	1.742	.000	-23.831	-16.943
Exercise	local	victim	5.629	2.920	.056	-.145	11.402
	victim	local	-5.629	2.920	.056	-11.402	.145

Table 57

Pairwise Comparisons (continued)

Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% CI ^a	
						Lower Bound	Upper Bound
Nutrition	local	victim	22.920 [*]	2.766	.000	17.450	28.390
	victim	local	-22.920 [*]	2.766	.000	-28.390	-17.450
Total Wellness	local	victim	15.020 [*]	1.498	.000	12.057	17.983
	victim	local	-15.020 [*]	1.498	.000	-17.983	-12.057

Note. CI = confidence interval

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Bonferroni

Table 57 shows the differences in the means of the two populations with the local normative population scoring significantly higher than the domestic violence victims' scores in all areas except exercise and the global context. For those two scores there is very little difference in the mean scores between the populations.

Data Analysis Conclusion

In conclusion, data analysis on each of the four questions indicates that there is a significant difference between all groups. The victim population is significantly different from the national population in many of the areas. The areas for which there are no significant differences are not as crucial as those for which there are significant differences. In fact, the lack of significance in certain areas may speak to the level at which victims of domestic violence are operating. This will be discussed further in the

next chapter. Additionally, the victim scores are all lower than those for the national population even in areas where there is no significant difference.

The local population is also significantly different from the national population. This might seem alarming until one examines the numbers and discovers that while the victims' scores are significantly lower, the local population scores are all significantly higher except in the category of exercise. When the local and victim scores are compared, again, a significant difference exists across the board, which speaks to the place that victims of domestic violence are most likely operating from in terms of Maslow's (1943) and Adler's (1935) theories. As stated earlier, this is discussed further in the next chapter.

Finally, the factor analysis of the 5FWel using the scores of the victims of domestic violence does indicate that the factors weight differently with the victim population but do not load differently, which indicates that the 5FWel indeed measures wellness for victims of domestic violence. Further, the manner in which the factors weight indicates that victims of domestic violence have different priorities than those who do not experience domestic violence. All of the correlations and implications are discussed in the next chapter. Please note that all of the correlations and implications derive from my perspective.

Chapter 5:

Conclusions and Implications

Chapter four reported the results of the analyses that were run on the data collected for this project. Chapter five links the results of the analyses to the theoretical premises of the project and provide potential causes for the results that were reported in chapter four. With that in mind, the first point of discussion is the factor analysis (Research Question 4) that was run on the 5FWel to determine the appropriateness of using this measure with a domestic violence population. This is important because if the instrument is inappropriate for the population, then the significance of the results is not important. Thankfully, the factor analysis indicates that while the factors did not load in exactly the same manner, the loading pattern is similar enough to ensure goodness of fit for the measurement and the population on which it was used. This is in line with the purpose of confirmatory factor analysis (Garson, 2009a). However, Garson (2009a) cautions that due to the small sample size of the victim population, this should be considered an exploratory factor analysis rather than a confirmatory analysis. For the purposes of this study, I assume that there will be a similar factor structure even with a larger population of victims of domestic violence.

Question 1 Implications

With goodness of fit of the measure established, the question of how does the victim population compare with the national population in terms of wellness was addressed (Research Question 1). The overall factor of wellness is statistically significantly different for the victim population. For the five secondary factors of the

coping self, the social self, the physical self, the essential self, and the creative self, there is a statistically significant difference for three of the five. The physical self and the essential self are not statistically significantly different for the victim population. When these are broken down into the tertiary factors that make up the secondary factors, the significance and the non-significance can potentially be explained by what we know about victims of domestic violence. The secondary factor is discussed in the next sections in terms of the tertiary factors that comprise them.

Creative self.

The creative self is comprised of five tertiary factors, which are thinking, emotions, control, work, and positive humor. Victims of domestic violence are not significantly different for thinking, emotions, and positive humor. This is perhaps explained by Myers and Sweeney's (2005) definitions for these factors. There are portions of each of these definitions that stand out as significant potential explanations for the lack of significance. In the thinking category, a portion of the definition is the "capacity to change one's thinking in order to manage stress; the ability to apply problem solving strategies in resolving social conflicts" (Myers & Sweeney, 2005, p. 10). As victims of domestic violence negotiate their individual worlds, they are often required to change their thinking in order to manage stressful situations. Because I am an advocate for victims of domestic violence, they often told me that in a tense situation, they simply learned to alter their opinions, beliefs, and actions in order to keep the peace in the family and avoid further physical or verbal abuse. This is a negative interpretation of the Myers and Sweeney (2005) definition, but it is likely the reason that

the victims did not score significantly differently than the national population in this area, because they have a highly developed sense of self-preservation (Maslow, 1943) and adapt to stress in any way necessary to preserve their safety and the safety of their family. A similar pattern holds true for the emotions category. A portion of the definition states that one is “able to enjoy positive emotions as well as cope with negative emotions” (Myers & Sweeney, 2005, p. 10). Victims of domestic violence are highly aware of their emotions and the emotions of those around them (Matthews, 2004) in order to protect their families from danger (Maslow, 1943). The non-significance of the positive humor score cannot be explained in the same manner. I do not have a plausible explanation for the difference in the scores. The victims’ scores and the national scores are almost exactly the same.

On the other hand, there is a statistically significant difference between the victims’ scores and the national average in the categories of work and control. Myers and Sweeney (2005) define work as “being satisfied with one’s work; having adequate financial security...feeling a sense of job security; feeling appreciated in the work one does; having satisfactory relationships with others on the job...” (p. 10). As was illustrated in the literature review in chapter three (Wettersten et al., 2004), victims of domestic violence do not have these positive feelings about their work. Their work lives are fraught with difficulty and insecurity because they are unsure of their abusers’ behavior on any given day. This also ties into the hierarchy of needs according to Maslow (1943). If one is insecure or unsure about his or her source of income or even if their source of income remains secure based upon the actions of another individual,

then the basic needs for food, shelter, and clothing are affected. Even if her job is secure and the victim knows that she will continue to be allowed to work, the second level of Maslow's hierarchy of needs which encompasses safety and security is jeopardized.

These same levels of Maslow's hierarchy are jeopardized for the victim when she deals with her partner's behaviors. Myers and Sweeney (2005) define the control portion of the 5FWel as "beliefs about your competence, confidence, and mastery (i.e., I can); belief that you can usually achieve the goals you set out for yourself; being able to exercise individual choice through imagination, knowledge, and skill...being able to be direct in expressing one's needs (assertive)" (p. 10). Because control over another individual is an integral portion of the cycle of domestic violence and is widely accepted as part of the power and control portion of a violent relationship, it is completely understandable that the victims scored significantly lower on the control portion of the 5FWel. (See Appendix H for a copy of the power and control wheel that is a widely used handout in domestic violence agencies.)

Coping self.

The coping self is comprised of the four tertiary factors of leisure, stress management, realistic beliefs, and self worth. Interestingly, the factor of self worth is not statistically significantly different for victims of domestic violence than for the national population. Given the knowledge on domestic violence and its effects on self-esteem (Matthews, 2004), this was an interesting finding that I could not explain. However, all of the other tertiary factors in the coping self are statistically significantly

different for victims of domestic violence than for the national population. Leisure is defined by Myers and Sweeney (2005) as the “activities done in one’s free time...having a balance between work and leisure activities; ability to put work aside for leisure without feeling guilty” (p. 10). Because victims of domestic violence often have leisure time only when it is defined or allowed by their partners (Matthews, 2004; Wetterson et al., 2003) and their priorities most often lie within the realms of safety and self-preservation (Maslow, 1943), it was not surprising that the victims of domestic violence scored lower on the leisure scale than their national counterparts. Additionally, the same principles apply to the stress management category of the 5FWel. Myers and Sweeney define stress management as the “general perception of one’s own self management or self regulation...the ability to organize and manage resources such as time, energy, setting limits, and need for structure” (p. 10). Since the victim of domestic violence is often managed and controlled by her partner, she perceives these things to be out of her control (Matthews, 2004). While the victim navigates a relationship of dysfunction, she is unable to negotiate proper leisure time or stress management, which in turn keeps her from moving forward in striving for the self-actualization that Adler (1935) posits is the fundamental basis of human existence.

The final category in the coping self is the category of realistic beliefs. This category is interesting from many perspectives and perhaps explains some of the areas in which the victims’ scores are not statistically significantly different from the national normative population. Realistic beliefs are defined by Myers and Sweeney (2005) as

understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect; the ability to perceive reality accurately, not as one might want or desire it to be separating that which is logical and rational from that which is distorted, irrational or wishful thinking; controlling the “shoulds”, “oughts”, “dos”, and “don’ts” which tend to rule one’s life; avoiding unrealistic expectations or wishful thinking. (p. 10)

Adler (Ferguson, 1989; Lazarsfeld, 1966) identifies these things as unhealthy factors in striving for perfection. Victims of domestic violence are under much pressure to maintain the status quo in the household in order to prevent further incidents of violence (Bennett et al., 2004; Matthews, 2004; Straus et al., 1997), which in turn prevents them from striving for self-actualization. This creates a situation in which shoulds, musts, oughts, etc., can run rampant as the victim attempts to control an uncontrollable environment in order to protect the first two levels of Maslow’s needs—physiological and safety. To some extent, women involved in domestic violence relationships attempt to navigate the third and fourth levels of Maslow’s hierarchy—love and esteem—without having completely satisfied the first and second levels (Maslow, 1943). I contend that the ongoing struggle towards inappropriate perfection (Adler, 1935) was reflected in the realistic belief scores of the victims of domestic violence. As long as the individual operates under a false assumption that her repeated efforts to right the relationship will pay off, then she will never be able to truly reconcile Maslow’s (1943) hierarchy of needs and move from striving for perfection to striving for self-actualization (Adler, 1935).

Social self.

Within the social self there are two tertiary factors of love and friendship. The factor of friendship is statistically significantly different for the domestic violence population than for the national norms, which was a realistic outcome. Victims of domestic violence are often isolated from their friends and family as the abusive partner exerts even more control over the victim (Lyon et al., 2008; Matthews, 2004; Straus, 1995; Wathen & MacMillan, 2003). Myers and Sweeney (2005) define friendship as social relationships that involve a connection with others individually or in a community, but which do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed; not being lonely; being comfortable in social situations; having a capacity to trust others; having empathy for others; feeling understood by others; having relationships in which non-judgmental caring is experienced; being comfortable with one's social skills for interacting with others; being involved in one or more community groups. (p. 10)

Because victims of domestic violence are often not allowed to have the types of relationships that are described in the definition of friendship, it was not surprising that their scores are significantly different than those for the national population.

Love is defined by Myers and Sweeney (2005) as the ability to be intimate, trusting, and self-disclosing with another person; the ability to give as well as express affection with significant others; the ability to accept others without conditions, to convey non-possessive caring which

respects the uniqueness of another; having at least one relationship that is secure, lasting and for which there is a mutual commitment; having concern for the nurturance and growth of others...the ability to solve conflict in a mutually respectful way, the ability to solve problems together, commitment to one another, healthy communication styles, shared time together, the ability to cope with stress and mutual appreciation. (p. 10)

The victims of domestic violence surveyed in this study did not score statistically significantly lower than the national population in the tertiary category of love. This leads me to believe that there are issues with the definition of love for victims of domestic violence. Victims and outsiders alike often question how the victim can love someone who is abusive towards them. I believe that the answer to that question is intertwined with the high score on realistic beliefs. If victims spend their time rationalizing away the abuse or hoping and being certain that if they do just the right thing in the right way at the right time the abuse will stop, then they do not have the same kind of realistic picture of love that others do. Additionally, this perspective may cause the victim to perceive her relationship as more loving than would be expected. This is an area that needs further exploration to ferret out whether or not my supposition that realistic beliefs and love are intertwined is true.

Essential self.

The essential self is composed of the four tertiary factors of spirituality, gender identity, cultural identity, and self-care. The only factor in this category that is statistically significantly different from the national population is spirituality. Again, given

the existing information about victims of domestic violence, this was a surprising finding. However, I noted that many of the victims stopped during the process of taking the assessment and questioned the statements about culture and gender identity. I gave them a brief explanation of culture or gender and instructed them to answer to the best of their ability. This leads me to believe that there may be some inaccuracy in the scores of these particular categories based on the sheer number of times that the clients asked for an explanation of culture and gender. Cultural identity, according to Myers and Sweeney (2005), is the satisfaction with, feeling supported by, and transcendence of one's cultural identity. Gender identity is defined similarly. For one who does not clearly understand cultural identity or gender identity, the statements related to these areas are likely to be less clear, which potentially accounted for the lack of significant differences between the scores for the victim population and those for the national population.

This does not, however, explain the lack of statistically significant differences in the self care scores. Myers and Sweeney's (2005) definition of self care is

taking responsibility for one's wellness through self care and safety habits that are preventive in nature; such as habits that include obtaining timely medical care, wearing a seat belt; limiting the use of prescribed drugs and avoiding the use of illegal drugs; avoiding the use of tobacco; abstaining from or very moderately using alcohol; getting adequate sleep; minimizing the harmful effects of pollution in your environment. (p. 10)

The questions on the 5FWel that assess this type of “self care” concentrate on specific portions of the definition such as “I wear my seatbelt in a vehicle” or “I do not drink or drink less than ‘x’ drinks per day”. I believe that this is an inaccurate depiction of self care for the victim of domestic violence, which accounted for inaccurate scoring in this category.

The spirituality score is statistically significantly different for the victims of domestic violence and for the national population. Myers and Sweeney (2005) define spirituality as “personal beliefs and behaviors that are practiced as part of the recognition that we are more than the material aspects of mind and body” (p. 10). This is not to be confused with religiosity which involves one’s beliefs about organized religion. The significant difference in the scores of the victim population and the national population might be explained by the simple fact that spirituality as defined by Myers and Sweeney (2005) seems to fit into the higher order needs according to Maslow (1943). One cannot concentrate on the higher order needs until the lower needs have been satisfied and when in a violent relationship, few resources are available for fulfillment of needs outside of survival.

Physical self.

The physical self is comprised of the two tertiary factors of exercise and nutrition. Interestingly, the exercise score is not statistically significantly different from the national population. Myers and Sweeney (2005) define exercise as “engaging in sufficient physical activity to keep in good physical condition...” (p. 10). It seems highly unlikely that the victim of domestic violence has enough time and energy to exercise on a

regular basis; therefore, the nature of the statements pertaining to exercise was questionable for this population. An example of one of these statements is “I enjoy being physically active.” This can be misleading because the victim might enjoy being physically active, but may not actually exercise.

Nutrition is the other component of the physical self, and it is statistically significantly different for victims than for the national population. Anecdotal stories from participants of this study indicate that food in general, and having enough food specifically, is often an area that the abuser manipulates to ensure compliance from the victim. The participants reported that their abusers withheld food because their houses were not clean enough, and they refused to purchase food for anyone other than themselves. They also forced the victims to prepare their food while not eating and denied food to ensure proper obedience, among other abusive behaviors surrounding food. In addition, many victims eat poorly due to physical complaints brought on by the stress of living in a violent household (Constantino et al., 2005; Griffing et al., 2006). This keeps the victim in a constant state of fighting for survival, which prevents them from moving forward with higher order needs (Maslow, 1943).

Local context.

The local context of the 5FWel is defined as “those systems in which we live most often—our families, neighborhoods, and communities—and our perception of safety in these systems” (Myers & Sweeney, 2005, p. 10). This factor is statistically significantly different for the victims than the national population. This construct correlated with the lower levels of Maslow’s hierarchy of needs. The three lower levels

of the hierarchy of needs state that physiological needs, safety needs, and love needs are primary (Maslow, 1943) and must be satisfied before any other needs can take precedence. Domestic violence victims' physiological or safety needs go unmet, which makes them feel uncomfortable and unsafe in the areas that their local context addresses. Thus, this lack of feeling safe and comfortable explains why their scores are statistically significantly different from those for the national population.

Institutional context.

Myers and Sweeney (2005) define the institutional context as “social and political systems that affect our daily functioning and serve to empower or limit our development in obvious and subtle ways, including education, religion, government, business and industry, and the media” (p. 10). This construct falls into the fourth and fifth levels of Maslow's (1943) hierarchy of needs. Those levels are esteem and self-actualization. If the individual is wholly focused on meeting the first three levels of needs, then it is unlikely that the higher order needs will even enter into the individual's frame of reference. Therefore, it was surprising that there is no statistically significant difference between the victim and the national population for this construct. I contend that the reason for the lack of significance is related to the lack of influence that this particular construct has on the victim of domestic violence. The world outside the local construct is something that just does not affect the victim and, as such, renders it inconsequential.

Global context.

The global context is defined by Myers and Sweeney (2005) as “factors such as politics, culture, global events, and the environment that connect us to others around

the world” (p. 10). When one’s world is defined by striving to fulfill the basic physiology and safety needs (Maslow, 1943), then it stands to reason that, as with the institutional context, one has little concern for the outside world, especially for things that are global in nature and do not affect her daily life. This is the reason that I believe there is not a statistically significant difference between the scores of the victims and the national population. This construct does not enter into the victim’s thought processes, so when responding to the statements that apply to this construct, the participants simply answered in a manner that they thought sounded good.

Chronometrical complex.

The chronometrical context is defined by Myers and Sweeney (2005) as “growth, movement, and change in the time dimension that is perpetual, of necessity positive, and purposeful” (p. 10). This construct is also not statistically significantly different for the victims of domestic violence and the national population. I do not have an explanation for this construct’s lack of statistical significance other than the anecdotal evidence that the participants gave to me that indicated the victims were used to change and that they spent a great deal of time dealing in unrealistic beliefs that kept them hoping that things were going to change for the better. This explanation needs much more investigation before it can be stated with any confidence.

Question 2

Research question two concerned the scores of the local population and how their scores compare to those of the national population. I assumed that the scores for the local population and the national population would be fairly similar because the

national population was not presumed to consist of victims of domestic violence. The data indicate that instead, the scores of the local population and the national population are highly significantly different from one another just as are those for the victims and the national population. The difference lies in the fact that the victims' scores are statistically significantly lower than those for the national population, and the local population's scores are statistically significantly higher than those for the national scores. In fact, of the five secondary factors and 17 tertiary factors, the only score that is not statistically significantly higher than the national population is that for the tertiary factor of exercise.

Of the contexts, only the global context is not statistically significantly higher than the national population. This indicates to me that the population selected for this study was a very well population. They were not concerned with the same issues as those who were victims of domestic violence. The participants who represented the local population progressed through Maslow's hierarchy of needs (1943) and worked towards Adlerian self-actualization (1935). This finding is explained by the makeup of the pool from which I drew the volunteers for the study. All of the participants were involved in some form of church women's groups, which may have helped bolster their overall wellness. However, that is an insufficient answer to the question of why the women in the sample area who represented all ages and socio-economic classes scored so much higher than the national population. It is possible that the culture of the area, which is a rural college town, had an effect on the scores. However, there is not enough evidence to make a firm claim as to why the local population was so much more well than the

national population and would require further extensive inquiry into the potential protective factors that may exist in that population.

Question 3

Research question three looked at the differences in the wellness levels of victims of domestic violence and the local population. The results of that data analysis show that there are statistically significant differences between the two groups in all categories of the 5FWel except for the tertiary factor of exercise. Given that the score for the local population is statistically significantly higher than that for the national population, the data may explain why some of the scores for the victim population are not statistically significantly different than those for the national population, even in categories which one might expect to be statistically significantly different. The same protective factors at play with the local population may have had an effect on the victim population. Additionally, it is quite telling that the victims are statistically significantly different from the national population given the indication that their scores should be higher based on the local population. This shows that victims of domestic violence deal with significant barriers to health and wellness.

Implications for Further Research

The current research helped create a baseline for victims of domestic violence in a specific area in the southeastern United States. This baseline of wellness may be applied cautiously to victims of domestic violence in other areas of the United States. However, given the local data which indicate that the area was more well than the national population, one can assume that victims of domestic violence in other areas of

the nation are even less well than the victims in this particular study. This study should be replicated in other areas of the United States using other victim and local populations to achieve a better understanding of the true baseline levels of wellness for victims of domestic violence.

Another possible study that would expand the research on wellness could compare victim scores on the 5FWel at the entrance to and departure from a shelter and then compare each of those scores to a local and/or national population. This would further the premise that the time in shelter with intensive case management can have a positive effect on the lives of victims of domestic violence by helping them move from existence at the lower levels of Maslow's hierarchy of needs (1943) to striving for self-actualization, as posited by both Adler (1935) and Maslow (1943).

Another interesting off-shoot of this research could involve a study about the protective factors that seemed to exist in the local population who participated in this dissertation research in order to determine the exact nature of the cause for the higher local scores. Because this is not domestic violence specific, it is unlikely that I will undertake a project of this nature, but it is an interesting development.

Conclusions

This study showed through a variety of statistical analyses that victims of domestic violence struggled with a variety of wellness issues. It also showed that the victims in the particular geographical region studied were more well than the victims in other parts of the nation. The data indicate without question that victims of domestic violence deal with the basic needs of physiology, safety, and love (Maslow, 1943) to a

degree that striving for self-actualization (Adler, 1935) and the higher order needs of Maslow (1943) is not possible. The data also show that there are areas in which a domestic violence agency with appropriately skilled workers could help victims move forward out of the life and death struggles with the basic levels of Maslow's hierarchy by assisting them in addressing their own personal wellness. These conclusions have definite implications for practitioners who work with victims of domestic violence. As stated in the beginning of this dissertation, victims of domestic violence were already aware of the deficits and areas in which they need to improve. Looking at things from a wellness perspective and allowing their strengths to bolster their weaknesses is an innovative approach that may prove successful in assisting victims of domestic violence to move forward in the navigation of Maslow's hierarchy and the eventual achievement of self-actualization.

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Appendices

Appendix A

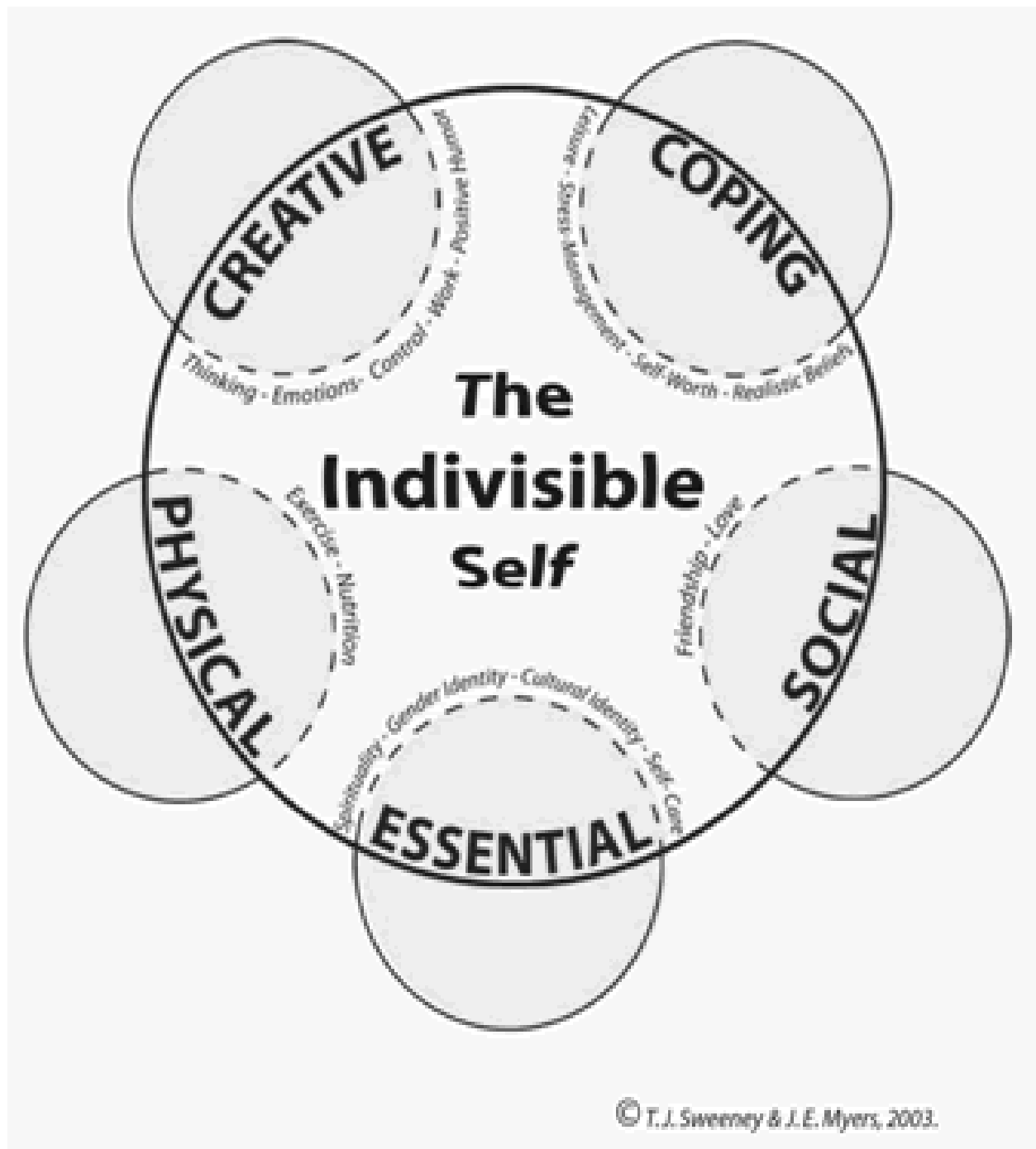


Figure 3. The Indivisible Self

Appendix B

Wellness

The sum of all items on the 5F-Wel; a measure of one's general; well being or total wellness.

Creative Self

The combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world

Thinking: Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a need to know and to learn; the ability to think both divergently and convergently when problem solving; the capacity to change one's thinking in order to manage stress; the ability to apply problem solving strategies in resolving social conflicts.

Emotions: Being aware of or in touch with one's feelings; being able to express one's feelings appropriately; being able to enjoy positive emotions as well as being able to cope with negative emotions; having a sense of energy; avoiding chronic negative emotional states.

Control: Beliefs about your competence, confidence, and mastery (i.e., "I can"); belief that you can usually achieve the goals you set out for yourself; being able to exercise individual choice through imagination, knowledge, and skill; having a sense of planfulness in life; being able to be direct in expressing one's needs (assertive).

Work: Being satisfied with one's work; having adequate financial security; feeling that one's skills are used appropriately; feeling that one can manage one's workload; feeling a sense of job security; feeling appreciated in the work one does; having satisfactory

relationships with others on the job; being satisfied with activities in work and play which one chooses to perform; having a playful attitude toward life tasks; the ability to cope with stress in the workplace.

Positive Humor: Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to laugh appropriately at others; having the capacity to see the contradictions and predicaments of life in an objective manner such that one can gain new perspectives; enjoying the idiosyncrasies and inconsistencies of life; the ability to use humor to accomplish even serious tasks.

Coping Self

The combination of elements that regulate our responses to life events and provide a means for transcending their negative effects.

Leisure Activities: Done in one's free time: satisfaction with one's leisure activities, importance of leisure, positive feelings associated with leisure, having at least one activity in which "I lose myself and time stands still", ability to approach tasks from a playful point of view; having a balance between work and leisure activities; ability to put work aside for leisure without feeling guilty.

Stress Management: General perception of one's own self-management or self-regulation; seeing change as an opportunity for growth rather than as a threat to one's security; on-going self-monitoring and assessment of one's coping resources; the ability to organize and manage resources such as time, energy, setting limits, and need for structure.

Self Worth: Accepting who and what one is, positive qualities along with imperfections; acceptance of one's physical appearance; affirming the value of one's existence; valuing oneself as a unique individual.

Realistic Beliefs: Understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect; the ability to perceive reality accurately, not as one might want or desire it to be; separating that which is logical and rational from that which is distorted, irrational, or wishful thinking; controlling the "shoulds," "oughts," "dos," and "don't" which tend to rule one's life; avoiding unrealistic expectations or wishful thinking.

Social Self

Social support through connections with others in our friendships and intimate relationships, including family ties.

Friendship: Social relationships that involve a connection with others individually or in community, but which do not have a marital, sexual, or familial commitment; having friends in whom one can trust and who can provide emotional, material, or informational support when needed; not being lonely; being comfortable in social situations; having a capacity to trust others; having empathy for others; feeling understood by others; having relationships in which non-judgmental caring is experienced; being comfortable with one's social skills for interacting with others; being involved in one or more community groups.

Love: The ability to be intimate, trusting, and self-disclosing with another person; the ability to give as well as express affection with significant others; the ability to accept

others without conditions, to convey non-possessive caring which respects the uniqueness of another; having at least one relationship that is secure, lasting, and for which there is a mutual commitment; having concern for the nurturance and growth of others; experiencing physical and emotional satisfaction with one's sexual life; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, the ability to solve problems together, commitment to one another, healthy communication styles, shared time together, the ability to cope with stress, and mutual appreciation.

Essential Self

Our essential meaning-making processes in relation to life, self, and others.

Spirituality: Personal beliefs and behaviors that are practiced as part of the recognition that we are more than the material aspects of mind and body. Dimensions include belief in a higher power; hope and optimism, worship, prayer, and/or meditation; purpose in life, love (compassion for others); moral values; and transcendence, or a sense of oneness with the universe.

Gender Identity: Satisfaction with one's gender; feeling supported in one's gender; transcendence of gender identity (i.e., ability to be androgynous).

Cultural Identity: Satisfaction with one's cultural identity; feeling supported in one's cultural identity; transcendence of one's cultural identity (i.e., cultural assimilation).

Self-Care: Taking responsibility for one's wellness through self-care and safety habits that are preventive in nature; such habits include obtaining timely medical care, wearing a seat belt; limiting the use of prescribed drugs and avoiding the use of illegal drugs;

avoiding the use of tobacco; abstaining from or very moderately using alcohol; getting adequate sleep; minimizing the harmful effects of pollution in your environment.

Physical Self

The biological and physiological processes that comprise the physical aspects of our development and functioning.

Exercise: Engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility in the major muscles and joints of the body through work, recreation, or stretching exercises; regular exercise and not overdoing it are important guidelines.

Nutrition: Eating a nutritionally balanced diet, three meals a day including breakfast, consuming fats, cholesterol, sweets, and salt sparingly; maintaining a normal weight (i.e., within 15% of the ideal) and avoiding overeating.

Local Context

Those systems in which we live most often – our families, neighborhoods, and communities – and our perceptions of safety in these systems.

Institutional Context

Social and political systems that affect our daily functioning and serve to empower or limit our development in obvious and subtle ways, including education, religion, government, business and industry, and the media.

Global Context

Factors such as politics, culture, global events, and the environment that connect us to others around the world.

Chronometrical Context

Growth, movement, and change in the time dimension that is perpetual, of necessity positive, and purposeful.

Life Satisfaction Index

The extent to which one is satisfied with one's life, overall.

Appendix C

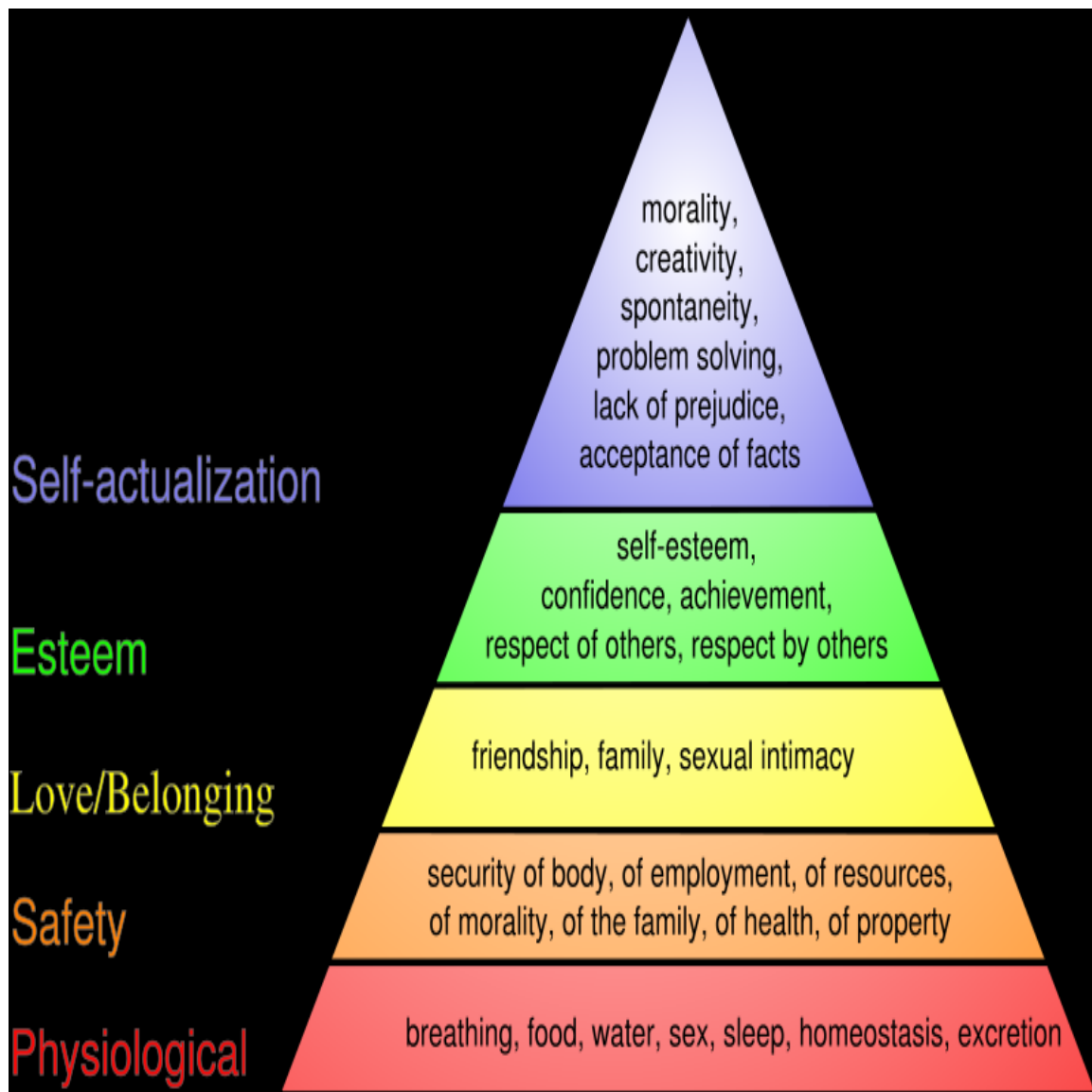


Figure 4. Maslow's Hierarchy of Needs

Appendix D

Statistical Output for One-way Two-tailed t-tests

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Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Creative Self	74	68.867568	11.3402799	1.3182808

One-Sample Test for Creative Self						
Test Value = 73.3						
Variable	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Creative Self	-3.362	73	.001	-4.4324324	-7.059762	-1.805103

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Coping Self	74	62.213514	11.5903281	1.3473483

One-Sample Test for Coping Self						
Test Value = 68.6						
Secondary Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Coping Self	-4.740	73	.000	-6.3864865	-9.071748	-3.701225

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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One-Sample Statistics for Social Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Social Self	74	71.058108	17.0640534	1.9836559

One-Sample Test for Social Self						
Test Value = 78.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Social Self	-3.802	73	.000	-7.5418919	-11.495312	-3.588471

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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One-Sample Statistics for Essential Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Essential Self	74	77.434	9.5186	1.1065

One-Sample Test for Essential Self						
Test Value = 74.5						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Essential Self	2.651	73	.010	2.9338	.729	5.139

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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One-Sample Statistics for Physical Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Physical Self	74	61.891892	14.2134584	1.6522810

One-Sample Test for Physical Self						
Test Value = 66.4						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Physical Self	-2.728	73	.008	-4.5081081	-7.801099	-1.215117

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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One-Sample Statistics for Local Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Local Context	74	63.176	18.8282	2.1887

One-Sample Test for Local Context						
Test Value = 73.3						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Local	-4.626	73	.000	-10.1243	-14.486	-5.762

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

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	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.4 /MISSING=ANALYSIS /VARIABLES=InstitutionalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Institutional Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Institutional Context	74	67.795946	15.6974777	1.8247947

One-Sample Test for Institutional Context						
Test Value = 71.4						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Institutional	-1.975	73	.052	-3.6040541	-7.240865	.032757

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.7

/MISSING=ANALYSIS

/VARIABLES=GlobalContext

/CRITERIA=CI(.95).

Notes		
Output Created		26-May-2010 10:52:56
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.7 /MISSING=ANALYSIS /VARIABLES=GlobalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.7 /MISSING=ANALYSIS /VARIABLES=GlobalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Global Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Global Context	74	75.674324	14.582867	1.6952239

One-Sample Test for Global Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Global	2.344	73	.022	3.9743243	.595748	7.352901

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=75.3

/MISSING=ANALYSIS

/VARIABLES=ChronometricalContext

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=75.3 /MISSING=ANALYSIS /VARIABLES=ChronometricalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created		26-May-2010 10:52:56
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST	
	/TESTVAL=75.3	
	/MISSING=ANALYSIS	
	/VARIABLES=ChronometricalContext	
Resources	/CRITERIA=CI(.95).	
	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Chronometrical Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Chronometrical Context	74	74.603	13.0164	1.5131

One-Sample Test for Chronometrical Context						
Test Value = 75.3						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Chronometrical	-.461	73	.646	-.6973	-3.713	2.318

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72

/MISSING=ANALYSIS

/VARIABLES=TotalWellness

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72 /MISSING=ANALYSIS /VARIABLES=TotalWellness /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72 /MISSING=ANALYSIS /VARIABLES=TotalWellness /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Total Wellness				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Total Wellness	74	67.147297	10.6516475	1.2382289

One-Sample Test for Total Wellness						
Test Value = 72						
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Total Wellness	-3.919	73	.000	-4.8527027	-7.320489	-2.384916

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=73.4

/MISSING=ANALYSIS

/VARIABLES=thinking

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.4 /MISSING=ANALYSIS /VARIABLES=thinking /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.4 /MISSING=ANALYSIS /VARIABLES=thinking /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Thinking				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Thinking	74	72.094595	13.7493899	1.5983341

One-Sample Test for Thinking						
Test Value = 73.4						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	Sig. (2-tailed)		<i>LL</i>	<i>UL</i>
Thinking	-.817	73	.417	-1.3054054	-4.490881	1.880070

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=73.5

/MISSING=ANALYSIS

/VARIABLES=emotions

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.5 /MISSING=ANALYSIS /VARIABLES=emotions /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.5 /MISSING=ANALYSIS /VARIABLES=emotions /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Emotions				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Emotions	74	71.227	13.1183	1.5250

One-Sample Test for Emotions						
Test Value = 73.5						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Emotions	-1.490	73	.140	-2.2730	-5.312	.766

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.2

/MISSING=ANALYSIS

/VARIABLES=control

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.2 /MISSING=ANALYSIS /VARIABLES=control /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.2 /MISSING=ANALYSIS /VARIABLES=control /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Control				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Control	74	66.214	16.1956	1.8827

One-Sample Test for Control						
Test Value = 74.2						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Control	-4.242	73	.000	-7.9865	-11.739	-4.234

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.3

/MISSING=ANALYSIS

/VARIABLES=work

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.3 /MISSING=ANALYSIS /VARIABLES=work /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.3 /MISSING=ANALYSIS /VARIABLES=work /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Work				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Work	74	60.946	14.8664	1.7282

One-Sample Test for Work						
Test Value = 71.3						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Work	-5.991	73	.000	-10.3541	-13.798	-6.910

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.3

/MISSING=ANALYSIS

/VARIABLES=positivehumor

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.3 /MISSING=ANALYSIS /VARIABLES=positivehumor /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.3 /MISSING=ANALYSIS /VARIABLES=positivehumor /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.015

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Positive Humor				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Positive Humor	74	74.432	13.9257	1.6188

One-Sample Test for Positive Humor						
Test Value = 74.3						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Positive Humor	.082	73	.935	.1324	-3.094	3.359

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.6

/MISSING=ANALYSIS

/VARIABLES=leisure

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.6 /MISSING=ANALYSIS /VARIABLES=leisure /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.016

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One-Sample Statistics for Leisure				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Leisure	74	62.305405	15.0643632	1.7511967

One-Sample Test for Leisure						
Test Value = 71.6						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Leisure	-5.308	73	.000	-9.2945946	-12.784724	-5.804465

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=67.8

/MISSING=ANALYSIS

/VARIABLES=stressmanagement

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=67.8 /MISSING=ANALYSIS /VARIABLES=stressmanagement /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=67.8 /MISSING=ANALYSIS /VARIABLES=stressmanagement /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.015

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One-Sample Statistics for Stress Management				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Stress Management	74	59.903	17.2223	2.0021

One-Sample Test for Stress Management						
Test Value = 67.8						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Stress Management	-3.945	73	.000	-7.8973	-11.887	-3.907

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.8

/MISSING=ANALYSIS

/VARIABLES=selfworth

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.8 /MISSING=ANALYSIS /VARIABLES=selfworth /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.8 /MISSING=ANALYSIS /VARIABLES=selfworth /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.016

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One-Sample Statistics for Self Worth				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Self Worth	74	74.596	16.9809	1.9740

One-Sample Test for Self Worth						
Test Value = 74.8						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Self Worth	-.103	73	.918	-.2041	-4.138	3.730

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=60.7

/MISSING=ANALYSIS

/VARIABLES=realisticbeliefs

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created		26-May-2010 10:52:56
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax		T-TEST /TESTVAL=60.7 /MISSING=ANALYSIS /VARIABLES=realisticbeliefs /CRITERIA=CI(.95).
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=60.7 /MISSING=ANALYSIS /VARIABLES=realisticbeliefs /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Realistic Beliefs				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Realistic Beliefs	74	53.919	12.8551	1.4944

One-Sample Test for Realistic Beliefs						
Test Value = 60.7						
Third Order Factor				95% CI		
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	<i>LL</i>	<i>UL</i>
Realistic Beliefs	-4.538	73	.000	-6.7811	-9.759	-3.803

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=77.4

/MISSING=ANALYSIS

/VARIABLES=friendship

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=77.4 /MISSING=ANALYSIS /VARIABLES=friendship /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=77.4 /MISSING=ANALYSIS /VARIABLES=friendship /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000
[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav		

One-Sample Statistics for Friendship				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Friendship	74	63.789189	19.1597578	2.2272766

One-Sample Test for Friendship						
Test Value = 77.4						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Friendship	-6.111	73	.000	-13.6108108	-18.049767	-9.171855

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=79.9

/MISSING=ANALYSIS

/VARIABLES=love

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=79.9 /MISSING=ANALYSIS /VARIABLES=love /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=79.9 /MISSING=ANALYSIS /VARIABLES=love /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.015

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Love				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Love	74	63.789189	19.1597578	2.2272766

One-Sample Test for Love						
Test Value = 79.9						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	Sig. (2-tailed)		<i>LL</i>	<i>UL</i>
Love	-.333	73	.740	-.7445946	-5.203295	3.714106

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72.9

/MISSING=ANALYSIS

/VARIABLES=spirituality

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.9 /MISSING=ANALYSIS /VARIABLES=spirituality /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.9 /MISSING=ANALYSIS /VARIABLES=spirituality /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Spirituality				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Spirituality	74	80.236486	16.2502314	1.8890510

One-Sample Test for Spirituality						
Test Value = 72.9						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Spirituality	3.884	73	.000	7.3364865	3.571613	11.101360

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.7

/MISSING=ANALYSIS

/VARIABLES=genderidentity

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.7 /MISSING=ANALYSIS /VARIABLES=genderidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created		26-May-2010 10:52:56
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.7 /MISSING=ANALYSIS /VARIABLES=genderidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000
[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav		

One-Sample Statistics for Gender Identity				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Gender Identity	74	74.346	15.0449	1.7489

One-Sample Test for Gender Identity						
Test Value = 74.7						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Gender Identity	-.202	73	.840	-.3541	-3.840	3.132

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72.1

/MISSING=ANALYSIS

/VARIABLES=culturalidentity

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.1 /MISSING=ANALYSIS /VARIABLES=culturalidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.1 /MISSING=ANALYSIS /VARIABLES=culturalidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.015

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Cultural Identity				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Cultural Identity	74	72.967568	16.0093817	1.8610528

One-Sample Test for Cultural Identity						
Test Value = 72.1						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	Sig. (2-tailed)		<i>LL</i>	<i>UL</i>
Cultural Identity	.466	73	.642	.8675676	-2.841505	4.576640

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=78.3

/MISSING=ANALYSIS

/VARIABLES=selfcare

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=78.3 /MISSING=ANALYSIS /VARIABLES=selfcare /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015

Notes		
Output Created	26-May-2010 10:52:56	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=78.3 /MISSING=ANALYSIS /VARIABLES=selfcare /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.016

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Self-Care				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Self-Care	74	76.968	12.7117	1.4777

One-Sample Test for Self-Care						
Test Value = 78.3						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Self-Care	-.902	73	.370	-1.3324	-4.277	1.613

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=68.8

/MISSING=ANALYSIS

/VARIABLES=exercise

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:57	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=68.8 /MISSING=ANALYSIS /VARIABLES=exercise /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016

Notes		
Output Created		26-May-2010 10:52:57
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=68.8 /MISSING=ANALYSIS /VARIABLES=exercise /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.015

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Exercise				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Exercise	74	68.311	16.9260	1.9676

One-Sample Test for Exercise						
Test Value = 68.8						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	Sig. (2-tailed)		<i>LL</i>	<i>UL</i>
Exercise	-.249	73	.804	-.4892	-4.411	3.432

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=64.1

/MISSING=ANALYSIS

/VARIABLES=nutrition

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:52:57	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=64.1 /MISSING=ANALYSIS /VARIABLES=nutrition /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015

Notes		
Output Created	26-May-2010 10:52:57	
Comments		
Input	Data	C:\stat users\tara harvey\victims 5-26-2010.sav
	Active Dataset	DataSet2
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	74
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=64.1 /MISSING=ANALYSIS /VARIABLES=nutrition /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.016

[DataSet2] C:\stat users\tara harvey\victims 5-26-2010.sav

One-Sample Statistics for Nutrition				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Nutrition	74	55.337838	16.8663376	1.9606719

One-Sample Test for Nutrition						
Test Value = 64.1						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Nutrition	-4.469	73	.000	-8.7621622	-12.669776	-4.854549

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Appendix E

GET DATA /TYPE=XLSX

/FILE='C:\stat users\tara harvey\Local Participant scores.xlsx'

/SHEET=name 'Sheet2'

/CELLRANGE=full

/READNAMES=on

/ASSUMEDSTRWIDTH=32767.

DATASET NAME DataSet1 WINDOW=FRONT.

T-TEST

/TESTVAL=73.3

/MISSING=ANALYSIS

/VARIABLES=CreativeSelf

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created		26-May-2010 10:42:10
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.

Cases Used		Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.3 /MISSING=ANALYSIS /VARIABLES=CreativeSelf /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Creative Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Creative Self	66	82.742424	7.0137461	.8633325

One-Sample Test for Creative Self						
Test Value = 73.3						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Creative Self	10.937	65	.000	9.4424242	7.718230	11.166618

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=68.6

/MISSING=ANALYSIS

/VARIABLES=CopingSelf

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=68.6 /MISSING=ANALYSIS /VARIABLES=CopingSelf /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Coping Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Coping Self	66	77.731818	7.2114686	.8876704

One-Sample Test for Coping Self						
Test Value = 68.6						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Coping Self	10.287	65	.000	9.1318182	7.359018	10.904618

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=78.6

/MISSING=ANALYSIS

/VARIABLES=SocialSelf

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=78.6 /MISSING=ANALYSIS /VARIABLES=SocialSelf /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Social Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Social Self	66	94.186364	7.6136090	.9371705

One-Sample Test for Social Self						
Test Value = 78.6						
Second Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Social Self	16.631	65	.000	15.5863636	13.714705	17.458022

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.5

/MISSING=ANALYSIS

/VARIABLES=EssentialSelf

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.5 /MISSING=ANALYSIS /VARIABLES=EssentialSelf /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Essential Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Essential Self	66	92.123	7.4200	.913

One-Sample Test for Essential Self						
Test Value = 74.5						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Essential Self	19.295	65	.000	17.6227	15.799	19.447

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=66.4

/MISSING=ANALYSIS

/VARIABLES=PhysicalSelf

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=66.4 /MISSING=ANALYSIS /VARIABLES=PhysicalSelf /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Physical Self				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Physical Self	66	76.098485	14.9558889	1.8409427

One-Sample Test for Physical Self						
Test Value = 66.4						
Second Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Physical Self	5.268	65	.000	9.6984848	6.021868	13.375101

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=73.3

/MISSING=ANALYSIS

/VARIABLES=LocalContext

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.3 /MISSING=ANALYSIS /VARIABLES=LocalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Local Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Local Context	66	89.773	9.3411	1.1498

One-Sample Test for Local Context						
Test Value = 73.3						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Local	14.327	65	.000	16.4727	14.176	18.769

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.4

/MISSING=ANALYSIS

/VARIABLES=InstitutionalContext

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.4 /MISSING=ANALYSIS /VARIABLES=InstitutionalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Institutional Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Institutional Context	66	76.915152	11.7533922	1.4467426

One-Sample Test for Institutional Context						
Test Value = 71.4						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Institutional	3.812	65	.000	5.5151515	2.625807	8.404496

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.7

/MISSING=ANALYSIS

/VARIABLES=GlobalContext

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.7 /MISSING=ANALYSIS /VARIABLES=GlobalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.016

[DataSet1]

One-Sample Statistics for Global Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Global Context	66	68.814	13.8932	1.7101

One-Sample Test for Global Context						
Test Value = 71.7						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Global	-1.688	65	.096	-2.8864	-6.302	.529

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=75.3

/MISSING=ANALYSIS

/VARIABLES=ChronometricalContext

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=75.3 /MISSING=ANALYSIS /VARIABLES=ChronometricalContext /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=75.3 /MISSING=ANALYSIS /VARIABLES=ChronometricalConte xt /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Chronometrical Context				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Chronometrical Context	66	80.420	8.3481	1.0276

One-Sample Test for Chronometrical Context						
Test Value = 75.3						
Context	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Chronometrical	4.982	65	.000	5.1197	3.067	7.172

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72

/MISSING=ANALYSIS

/VARIABLES=TotalWellness

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72 /MISSING=ANALYSIS /VARIABLES=TotalWellness /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.016
	Elapsed Time	00:00:00.016

[DataSet1]

One-Sample Statistics for Total Wellness				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Total Wellness	66	82.171212	6.2259201	.7663578

One-Sample Test for Total Wellness						
Test Value = 72						
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Total Wellness	13.272	65	.000	10.1712121	8.640690	11.701734

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=73.4

/MISSING=ANALYSIS

/VARIABLES=thinking

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.4 /MISSING=ANALYSIS /VARIABLES=thinking /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.015

[DataSet1]

One-Sample Statistics for Thinking				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Thinking	66	84.393939	8.2515803	1.0156993

One-Sample Test for Thinking						
Test Value = 73.4						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Thinking	10.824	65	.000	10.9939394	8.965448	13.022431

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=73.5

/MISSING=ANALYSIS

/VARIABLES=emotions

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=73.5 /MISSING=ANALYSIS /VARIABLES=emotions /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.016

[DataSet1]

One-Sample Statistics for Emotions				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Emotions	66	82.980	8.6730	1.0676

One-Sample Test for Emotions						
Test Value = 73.5						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Emotions	8.880	65	.000	9.4803	7.348	11.612

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.2

/MISSING=ANALYSIS

/VARIABLES=control

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.2 /MISSING=ANALYSIS /VARIABLES=control /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Control				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Control	66	83.583	9.9170	1.2207

One-Sample Test for Control						
Test Value = 74.2						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Control	7.687	65	.000	9.3833	6.945	11.821

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.3

/MISSING=ANALYSIS

/VARIABLES=work

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.3 /MISSING=ANALYSIS /VARIABLES=work /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Work				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Work	66	80.758	11.409	1.4045

One-Sample Test for Work						
Test Value = 71.3						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Work	6.734	65	.000	9.4576	6.653	12.262

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.3

/MISSING=ANALYSIS

/VARIABLES=positivehumor

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:10	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.3 /MISSING=ANALYSIS /VARIABLES=positivehumor /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Positive Humor				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Positive Humor	66	82.26	10.7460	1.3227

One-Sample Test for Positive Humor						
Test Value = 74.3						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Positive Humor	6.021	65	.000	7.9636	5.322	10.605

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=71.6

/MISSING=ANALYSIS

/VARIABLES=leisure

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=71.6 /MISSING=ANALYSIS /VARIABLES=leisure /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Leisure				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Leisure	66	78.790909	13.3130673	1.6387253

One-Sample Test for Leisure						
Test Value = 71.6						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Leisure	4.388	65	.000	7.1909091	3.918149	10.463670

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=67.8

/MISSING=ANALYSIS

/VARIABLES=stressmanagement

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=67.8 /MISSING=ANALYSIS /VARIABLES=stressmanagement /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Stress Management				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Stress Management	66	78.62	10.8590	1.3367

One-Sample Test for Stress Management						
Test Value = 67.9						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Stress Management	8.095	65	.000	10.8197	8.150	13.489

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.8

/MISSING=ANALYSIS

/VARIABLES=selfworth

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.8 /MISSING=ANALYSIS /VARIABLES=selfworth /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Self Worth				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Self Worth	66	85.81	10.9425	1.3469

One-Sample Test for Self Worth						
Test Value = 74.8						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self Worth	8.179	65	.000	11.0167	8.327	13.707

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=60.7

/MISSING=ANALYSIS

/VARIABLES=realisticbeliefs

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=60.7 /MISSING=ANALYSIS /VARIABLES=realisticbeliefs /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Realistic Beliefs				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Realistic Beliefs	66	69.318	10.8091	1.3305

One-Sample Test for Realistic Beliefs						
Test Value = 60.7						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Realistic Beliefs	6.477	65	.000	8.6182	5.961	11.275

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=77.4

/MISSING=ANALYSIS

/VARIABLES=friendship

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=77.4 /MISSING=ANALYSIS /VARIABLES=friendship /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Friendship				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Friendship	66	92.15757	8.6484869	1.0645552

One-Sample Test for Friendship						
Test Value = 77.4						
Third Order Factor				<i>MD</i>	95% CI	
	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)		<i>LL</i>	<i>UL</i>
Friendship	13.863	65	.000	14.7575758	12.631512	16.883639

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=79.9

/MISSING=ANALYSIS

/VARIABLES=love

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=79.9 /MISSING=ANALYSIS /VARIABLES=love /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Love				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Love	66	96.221212	8.8236834	1.0861203

One-Sample Test for Love						
Test Value = 79.9						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Love	15.027	65	.000	16.3212121	14.152080	18.490344

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72.9

/MISSING=ANALYSIS

/VARIABLES=spirituality

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.9 /MISSING=ANALYSIS /VARIABLES=spirituality /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Spirituality				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Spirituality	66	94.393939	9.0091898	1.1089546

One-Sample Test for Spirituality						
Test Value = 72.9						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Spirituality	19.382	65	.000	21.4939394	19.279204	23.708675

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=74.7

/MISSING=ANALYSIS

/VARIABLES=genderidentity

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=74.7 /MISSING=ANALYSIS /VARIABLES=genderidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Gender Identity				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Gender Identity	66	86.756	12.8072	1.5765

One-Sample Test for Gender Identity						
Test Value = 74.7						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Gender Identity	7.648	65	.000	12.0561	8.908	15.204

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=72.1

/MISSING=ANALYSIS

/VARIABLES=culturalidentity

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
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	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=72.1 /MISSING=ANALYSIS /VARIABLES=culturalidentity /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Cultural Identity				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Cultural Identity	66	85.360606	13.1649053	1.6204878

One-Sample Test for Cultural Identity						
Test Value = 72.1						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Cultural Identity	8.183	65	.000	13.2606061	10.024268	16.496944

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=78.3

/MISSING=ANALYSIS

/VARIABLES=selfcare

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=78.3 /MISSING=ANALYSIS /VARIABLES=selfcare /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Self-Care				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Self-Care	66	97.355	6.5757	.8094

One-Sample Test for Self-Care						
Test Value = 78.3						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Self-Care	23.541	65	.000	19.0545	17.438	20.671

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=68.8

/MISSING=ANALYSIS

/VARIABLES=exercise

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
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	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=68.8 /MISSING=ANALYSIS /VARIABLES=exercise /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Exercise				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Exercise	66	73.939	17.5962	2.1659

One-Sample Test for Exercise						
Test Value = 68.8						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Exercise	2.373	65	.021	5.1394	.814	9.465

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

T-TEST

/TESTVAL=64.1

/MISSING=ANALYSIS

/VARIABLES=nutrition

/CRITERIA=CI(.95).

T-Test

Notes		
Output Created	26-May-2010 10:42:11	
Comments		
Input	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	66
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax	T-TEST /TESTVAL=64.1 /MISSING=ANALYSIS /VARIABLES=nutrition /CRITERIA=CI(.95).	
Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1]

One-Sample Statistics for Nutrition				
Variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Nutrition	66	78.257576	15.7258343	1.9357164

One-Sample Test for Nutrition						
Test Value = 64.1						
Third Order Factor	<i>t</i>	<i>df</i>	<i>Sig.</i> (2-tailed)	<i>MD</i>	95% CI	
					<i>LL</i>	<i>UL</i>
Nutrition	7.314	65	.000	14.1575758	10.291683	18.023468

Note. *CI* = confidence interval; *LL* = lower limit, *UL* = upper limit

Appendix F

GLM CreativeSelf CopingSelf SocialSelf EssentialSelf PhysicalSelf LocalContext InstitutionalContext
GlobalContext ChronometricalContext LifeSatisfactionIndex TotalWellness CreativeSelfFactors Thinking
Emotions Control Work PositiveHumor CopingSelfFactors

Leisure StressManagement SelfWorth RealisticBeliefs SocialSelfFactors Friendship Love
EssentialSelfFactors Spirituality GenderIdentity CulturalIdentity SelfCare PhysicalSelf_A Exercise
Nutrition TotalWellness_A BY group

/METHOD=SSTYPE(3)

/INTERCEPT=INCLUDE

/EMMEANS=TABLES(group) COMPARE ADJ(BONFERRONI)

/CRITERIA=ALPHA(.05)

/DESIGN= group.

General Linear Model

Notes		
Output Created		26-May-2010 11:04:48
Comments		
Input	Data	C:\stat users\tara harvey\both 5-26-2010.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	140
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the model.

Syntax	GLM CreativeSelf CopingSelf SocialSelf EssentialSelf PhysicalSelf LocalContext InstitutionalContext GlobalContext ChronometricalContext LifeSatisfactionIndex TotalWellness CreativeSelfFactors Thinking Emotions Control Work PositiveHumor CopingSelfFactors Leisure StressManagement SelfWorth RealisticBeliefs SocialSelfFactors Friendship Love EssentialSelfFactors Spirituality GenderIdentity CulturalIdentity SelfCare PhysicalSelf_A Exercise Nutrition TotalWellness_A BY group /METHOD=SSTYPE(3) /INTERCEPT=INCLUDE /EMMEANS=TABLES(group) COMPARE ADJ(BONFERRONI) /CRITERIA=ALPHA(.05) /DESIGN= group.
--------	---

Resources	Processor Time	00:00:00.000
	Elapsed Time	00:00:00.000

[DataSet1] C:\stat users\tara harvey\both 5-26-2010.sav

Warnings

No valid cases were found.

Execution of this command stops.

GLM CreativeSelf CopingSelf SocialSelf EssentialSelf PhysicalSelf LocalContext InstitutionalContext
GlobalContext ChronometricalContext LifeSatisfactionIndex TotalWellness Thinking Emotions Control
Work PositiveHumor Leisure StressManagement SelfWorth

RealisticBeliefs Friendship Love Spirituality GenderIdentity CulturalIdentity SelfCare Exercise Nutrition
TotalWellness_A BY group

/METHOD=SSTYPE(3)

/INTERCEPT=INCLUDE

/EMMEANS=TABLES(group) COMPARE ADJ(BONFERRONI)

/CRITERIA=ALPHA(.05)

/DESIGN= group.

General Linear Model

Notes		
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Comments		
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	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	140
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the model.

Syntax	GLM CreativeSelf CopingSelf SocialSelf EssentialSelf PhysicalSelf LocalContext InstitutionalContext GlobalContext ChronometricalContext LifeSatisfactionIndex TotalWellness Thinking Emotions Control Work PositiveHumor Leisure StressManagement SelfWorth RealisticBeliefs Friendship Love Spirituality GenderIdentity CulturalIdentity SelfCare Exercise Nutrition TotalWellness_A BY group /METHOD=SSTYPE(3) /INTERCEPT=INCLUDE /EMMEANS=TABLES(group) COMPARE ADJ(BONFERRONI) /CRITERIA=ALPHA(.05) /DESIGN= group.
--------	--

Resources	Processor Time	00:00:00.031
	Elapsed Time	00:00:00.046

[DataSet1] C:\stat users\tara harvey\both 5-26-2010.sav

Between-Subjects Factors		
<hr/> <i>n</i> <hr/>		
group	local	66
	victim	74

Multivariate Tests ^b						
Effect		Value	<i>F</i>	<i>Hypothesis df</i>	<i>Error df</i>	<i>Sig.</i>
Intercept	Pillai's Trace	.995	769.565 ^a	29.000	110.000	.000
	Wilks' Lambda	.005	769.565 ^a	29.000	110.000	.000
	Hotelling's Trace	202.885	769.565 ^a	29.000	110.000	.000
	Roy's Largest Root	202.885	769.565 ^a	29.000	110.000	.000
group	Pillai's Trace	.820	17.306 ^a	29.000	110.000	.000
	Wilks' Lambda	.180	17.306 ^a	29.000	110.000	.000
	Hotelling's Trace	4.563	17.306 ^a	29.000	110.000	.000
	Roy's Largest Root	4.563	17.306 ^a	29.000	110.000	.000

a. Exact statistic

b. Design: Intercept + group

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
Corrected Model	Creative Self	6715.906 ^a	1	6715.906	73.640	.000
	Coping Self	8401.100 ^b	1	8401.100	87.917	.000
	Social Self	18660.934 ^c	1	18660.934	102.909	.000
	Essential Self	7527.118 ^d	1	7527.118	101.910	.000
	Physical Self	7040.889 ^e	1	7040.889	33.177	.000
	Local Context	24678.264 ^f	1	24678.264	107.942	.000
	Institutional Context	2901.093 ^g	1	2901.093	14.846	.000
	Global Context	1642.037 ^h	1	1642.037	8.073	.005
	Chronometrical Context	1180.443 ⁱ	1	1180.443	9.640	.002
	Life Satisfaction Index	43518.559 ^j	1	43518.559	113.505	.000
	Total Wellness	7874.334 ^k	1	7874.334	100.598	.000
	Thinking	5277.297 ^l	1	5277.297	39.957	.000
	Emotions	4819.095 ^m	1	4819.095	38.107	.000
	Control	10525.391 ⁿ	1	10525.391	56.871	.000
	Work	13692.666 ^o	1	13692.666	76.825	.000
	Positive Humor	2139.463 ^p	1	2139.463	13.629	.000
	Leisure	9480.954 ^q	1	9480.954	46.583	.000
	Stress Management	12221.368 ^r	1	12221.368	57.528	.000
	Self Worth	4392.271 ^s	1	4392.271	21.023	.000
	Realistic Beliefs	8272.704 ^t	1	8272.704	58.075	.000
	Friendship	28074.814 ^u	1	28074.814	122.374	.000
	Love	10160.177 ^v	1	10160.177	43.682	.000
	Spirituality	6992.265 ^w	1	6992.265	39.300	.000

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
Intercept	Gender Identity	5372.782 ^x	1	5372.782	27.274	.000
	Cultural Identity	5358.006 ^y	1	5358.006	24.667	.000
	Self-Care	14499.510 ^z	1	14499.510	136.990	.000
	Exercise	1105.213 ^{aa}	1	1105.213	3.716	.056
	Nutrition	18325.968 ^{ab}	1	18325.968	68.646	.000
	Total Wellness	7869.914 ^{ac}	1	7869.914	100.475	.000
	Creative Self	801868.712	1	801868.712	8792.516	.000
	Coping Self	683226.104	1	683226.104	7149.941	.000
	Social Self	952580.085	1	952580.085	5253.170	.000
	Essential Self	1002943.719	1	1002943.719	13578.928	.000
	Physical Self	664270.889	1	664270.889	3130.064	.000
	Local Context	816088.979	1	816088.979	3569.546	.000
	Institutional Context	730552.269	1	730552.269	3738.471	.000
	Global Context	728301.061	1	728301.061	3580.461	.000
	Chronometrical Context	838371.546	1	838371.546	6846.691	.000
	Life Satisfaction Index	594929.273	1	594929.273	1551.696	.000
	Total Wellness	777812.488	1	777812.488	9936.930	.000
	Thinking	854304.440	1	854304.440	6468.419	.000
	Emotions	829578.820	1	829578.820	6559.818	.000
	Control	782803.868	1	782803.868	4229.679	.000
	Work	700501.238	1	700501.238	3930.295	.000
	Positive Humor	856571.897	1	856571.897	5456.730	.000
	Leisure	694510.729	1	694510.729	3412.378	.000
	Stress Management	669402.966	1	669402.966	3150.976	.000

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
group	Self Worth	897686.396	1	897686.396	4296.550	.000
	Realistic Beliefs	529822.704	1	529822.704	3719.410	.000
	Friendship	848399.413	1	848399.413	3698.038	.000
	Love	1072978.448	1	1072978.448	4613.136	.000
	Spirituality	1063867.265	1	1063867.265	5979.492	.000
	Gender Identity	905418.823	1	905418.823	4596.192	.000
	Cultural Identity	874508.477	1	874508.477	4026.043	.000
	Self-Care	1060114.031	1	1060114.031	10015.848	.000
	Exercise	705916.641	1	705916.641	2373.719	.000
	Nutrition	622630.968	1	622630.968	2332.257	.000
	Total Wellness	777824.860	1	777824.860	9930.483	.000
	Creative Self	6715.906	1	6715.906	73.640	.000
	Coping Self	8401.100	1	8401.100	87.917	.000
	Social Self	18660.934	1	18660.934	102.909	.000
	Essential Self	7527.118	1	7527.118	101.910	.000
	Physical Self	7040.889	1	7040.889	33.177	.000
	Local Context	24678.264	1	24678.264	107.942	.000
	Institutional Context	2901.093	1	2901.093	14.846	.000
	Global Context	1642.037	1	1642.037	8.073	.005
	Chronometrical Context	1180.443	1	1180.443	9.640	.002
	Life Satisfaction Index	43518.559	1	43518.559	113.505	.000
	Total Wellness	7874.334	1	7874.334	100.598	.000
	Thinking	5277.297	1	5277.297	39.957	.000
	Emotions	4819.095	1	4819.095	38.107	.000

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
	Control	10525.391	1	10525.391	56.871	.000
	Work	13692.666	1	13692.666	76.825	.000
	Positive Humor	2139.463	1	2139.463	13.629	.000
	Leisure	9480.954	1	9480.954	46.583	.000
	Stress Management	12221.368	1	12221.368	57.528	.000
	Self Worth	4392.271	1	4392.271	21.023	.000
	Realistic Beliefs	8272.704	1	8272.704	58.075	.000
	Friendship	28074.814	1	28074.814	122.374	.000
	Love	10160.177	1	10160.177	43.682	.000
	Spirituality	6992.265	1	6992.265	39.300	.000
	Gender Identity	5372.782	1	5372.782	27.274	.000
	Cultural Identity	5358.006	1	5358.006	24.667	.000
	Self-Care	14499.510	1	14499.510	136.990	.000
	Exercise	1105.213	1	1105.213	3.716	.056
	Nutrition	18325.968	1	18325.968	68.646	.000
	Total Wellness	7869.914	1	7869.914	100.475	.000
Error	Creative Self	12585.463	138	91.199		
	Coping Self	13186.850	138	95.557		
	Social Self	25024.138	138	181.334		
	Essential Self	10192.721	138	73.860		
	Physical Self	29286.745	138	212.223		
	Local Context	31550.307	138	228.625		
	Institutional Context	26967.234	138	195.415		
	Global Context	28070.559	138	203.410		

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
	Chronometrical Context	16897.984	138	122.449		
	Life Satisfaction Index	52910.012	138	383.406		
	Total Wellness	10801.940	138	78.275		
	Thinking	18226.095	138	132.073		
	Emotions	17451.990	138	126.464		
	Control	25540.218	138	185.074		
	Work	24595.905	138	178.231		
	Positive Humor	21662.595	138	156.975		
	Leisure	28086.712	138	203.527		
	Stress Management	29317.144	138	212.443		
	Self Worth	28832.600	138	208.932		
	Realistic Beliefs	19657.832	138	142.448		
	Friendship	31659.793	138	229.419		
	Love	32097.693	138	232.592		
	Spirituality	24552.869	138	177.919		
	Gender Identity	27185.066	138	196.993		
	Cultural Identity	29975.380	138	217.213		
	Self-Care	14606.426	138	105.844		
	Exercise	41039.609	138	297.388		
	Nutrition	36841.175	138	266.965		
	Total Wellness	10809.124	138	78.327		
Total	Creative Self	815404.740	140			
	Coping Self	698392.970	140			
	Social Self	984159.680	140			

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
	Essential Self	1014011.440	140			
	Physical Self	694956.250	140			
	Local Context	858800.000	140			
	Institutional Context	757544.790	140			
	Global Context	764370.100	140			
	Chronometrical Context	855593.290	140			
	Life Satisfaction Index	675000.000	140			
	Total Wellness	790089.280	140			
	Thinking	872925.000	140			
	Emotions	847333.630	140			
	Control	811060.650	140			
	Work	729900.000	140			
	Positive Humor	878278.620	140			
	Leisure	725080.500	140			
	Stress Management	702803.590	140			
	Self Worth	926666.700	140			
	Realistic Beliefs	551925.000	140			
	Friendship	893309.520	140			
	Love	1106812.910	140			
	Spirituality	1089031.250	140			
	Gender Identity	932963.250	140			
	Cultural Identity	904875.640	140			
	Self-Care	1078524.800	140			
	Exercise	747175.000	140			

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
Corrected Total	Nutrition	667650.000	140			
	Total Wellness	790106.890	140			
	Creative Self	19301.370	139			
	Coping Self	21587.950	139			
	Social Self	43685.072	139			
	Essential Self	17719.840	139			
	Physical Self	36327.634	139			
	Local Context	56228.571	139			
	Institutional Context	29868.326	139			
	Global Context	29712.596	139			
	Chronometrical Context	18078.426	139			
	Life Satisfaction Index	96428.571	139			
	Total Wellness	18676.274	139			
	Thinking	23503.393	139			
	Emotions	22271.085	139			
	Control	36065.609	139			
	Work	38288.571	139			
	Positive Humor	23802.057	139			
	Leisure	37567.667	139			
	Stress Management	41538.512	139			
	Self Worth	33224.871	139			
	Realistic Beliefs	27930.536	139			
	Friendship	59734.607	139			
	Love	42257.870	139			

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
	Spirituality	31545.134	139			
	Gender Identity	32557.848	139			
	Cultural Identity	35333.386	139			
	Self-Care	29105.936	139			
	Exercise	42144.821	139			
	Nutrition	55167.143	139			
	Total Wellness	18679.038	139			

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>
a.	R Squared = .348 (Adjusted R Squared = .343)					
b.	R Squared = .389 (Adjusted R Squared = .385)					
c.	R Squared = .427 (Adjusted R Squared = .423)					
d.	R Squared = .425 (Adjusted R Squared = .421)					
e.	R Squared = .194 (Adjusted R Squared = .188)					
f.	R Squared = .439 (Adjusted R Squared = .435)					
g.	R Squared = .097 (Adjusted R Squared = .091)					
h.	R Squared = .055 (Adjusted R Squared = .048)					
i.	R Squared = .065 (Adjusted R Squared = .059)					
j.	R Squared = .451 (Adjusted R Squared = .447)					
k.	R Squared = .422 (Adjusted R Squared = .417)					
l.	R Squared = .225 (Adjusted R Squared = .219)					
m.	R Squared = .216 (Adjusted R Squared = .211)					
n.	R Squared = .292 (Adjusted R Squared = .287)					
o.	R Squared = .358 (Adjusted R Squared = .353)					
p.	R Squared = .090 (Adjusted R Squared = .083)					
q.	R Squared = .252 (Adjusted R Squared = .247)					
r.	R Squared = .294 (Adjusted R Squared = .289)					
s.	R Squared = .132 (Adjusted R Squared = .126)					
t.	R Squared = .296 (Adjusted R Squared = .291)					
u.	R Squared = .470 (Adjusted R Squared = .466)					
v.	R Squared = .240 (Adjusted R Squared = .235)					
w.	R Squared = .222 (Adjusted R Squared = .216)					
x.	R Squared = .165 (Adjusted R Squared = .159)					

Tests of Between-Subjects Effects						
Source	Dependent Variable	Type III Sum of Squares	<i>df</i>	<i>MS</i>	<i>f</i>	<i>Sig.</i>

y. R Squared = .152 (Adjusted R Squared = .145)

z. R Squared = .498 (Adjusted R Squared = .495)

aa. R Squared = .026 (Adjusted R Squared = .019)

ab. R Squared = .332 (Adjusted R Squared = .327)

ac. R Squared = .421 (Adjusted R Squared = .417)

Estimated Marginal Means

group

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	local	82.742	1.176	80.418	85.067
	victim	68.868	1.110	66.672	71.063

dimension1

dimension1	local	77.732	1.203	75.353	80.111
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Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	62.214	1.136	59.967	64.460
	local	94.186	1.658	90.909	97.464
	victim	71.058	1.565	67.963	74.153
dimension1					
	local	92.123	1.058	90.031	94.214
	victim	77.434	.999	75.458	79.409
dimension1					
dimension1	local	76.098	1.793	72.553	79.644

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	61.892	1.693	58.543	65.240
	local	89.773	1.861	86.093	93.453
	victim	63.176	1.758	59.700	66.651
dimension1					
dimension1	local	76.915	1.721	73.513	80.318

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	67.796	1.625	64.583	71.009
	local	68.814	1.756	65.342	72.285
	victim	75.674	1.658	72.396	78.953
dimension1					
dimension1	local	80.420	1.362	77.726	83.113

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	74.603	1.286	72.059	77.146
	local	82.955	2.410	78.189	87.720
	victim	47.635	2.276	43.134	52.136

dimension1

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	local	82.171	1.089	80.018	84.325
	victim	67.147	1.028	65.114	69.181
dimension1					
	local	84.394	1.415	81.597	87.191
	victim	72.095	1.336	69.453	74.736
dimension1					
	local	82.980	1.384	80.243	85.717
	victim	71.227	1.307	68.642	73.812
dimension1					
	local	83.583	1.675	80.272	86.894
	victim	66.214	1.581	63.086	69.341
dimension1					
	local	80.758	1.643	77.508	84.007
	victim	60.946	1.552	57.877	64.015
dimension1					

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	local	82.264	1.542	79.214	85.313
	victim	74.432	1.456	71.553	77.312
dimension1					
	local	78.791	1.756	75.319	82.263
	victim	62.305	1.658	59.026	65.585
dimension1					
	local	78.620	1.794	75.072	82.167
	victim	59.903	1.694	56.552	63.253
dimension1					
dimension1					
dimension1	local	85.817	1.779	82.299	89.335

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	74.596	1.680	71.273	77.918
	local	69.318	1.469	66.413	72.223
	victim	53.919	1.387	51.176	56.662
dimension1					
	local	92.158	1.864	88.471	95.844
	victim	63.789	1.761	60.308	67.271
dimension1					
dimension1	local	96.221	1.877	92.509	99.933
	victim	79.155	1.773	75.650	82.661
dimension1	local	94.394	1.642	91.147	97.640

Estimates					
Dependent Variable	group	M	SE	95% Confidence Interval	
				Lower Bound	Upper Bound
	victim	80.236	1.551	77.171	83.302
	local	86.756	1.728	83.340	90.172
	victim	74.346	1.632	71.120	77.572
dimension1					
	local	85.361	1.814	81.774	88.948
	victim	72.968	1.713	69.580	76.355
dimension1					

Estimates					
Dependent Variable	group	<i>M</i>	<i>SE</i>	95% Confidence Interval	
				Lower Bound	Upper Bound
dimension1	local	97.355	1.266	94.851	99.859
	victim	76.968	1.196	74.603	79.332
dimension1	local	73.939	2.123	69.742	78.137
	victim	68.311	2.005	64.347	72.275
dimension1	local	78.258	2.011	74.281	82.234
	victim	55.338	1.899	51.582	59.093
dimension1	local	82.170	1.089	80.016	84.324
	victim	67.150	1.029	65.116	69.184

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Creative Self	local	d i m e n s i o n 2	13.875 [*]	1.617	.000	10.678	17.072
	d i m e n s i o n 1	victim d local	-13.875 [*]	1.617	.000	-17.072	-10.678
Coping Self	d i m e n s i o n 1	local d i m e n s i o n 2	15.518 [*]	1.655	.000	12.246	18.791

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Social Self	victim	d i m e n s i o n 2	-15.518 [*]	1.655	.000	-18.791	-12.246
	local	d i m e n s i o n 2	23.128 [*]	2.280	.000	18.620	27.636
	d i m e n s i o n 1	victim	-23.128 [*]	2.280	.000	-27.636	-18.620
	d i m e n s i o n 1	local	14.689 [*]	1.455	.000	11.812	17.566
Essential Self	d i m e n s i o n 1	d i m e n s i o n 2	14.689 [*]	1.455	.000	11.812	17.566

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Physical Self	victim	d i m e n s i o n 2	-14.689 [*]	1.455	.000	-17.566	-11.812
	local	d i m e n s i o n 2	14.207 [*]	2.466	.000	9.330	19.084
	d i m e n s i o n 1	victim	-14.207 [*]	2.466	.000	-19.084	-9.330
	d i m e n s i o n 1	local	26.597 [*]	2.560	.000	21.535	31.659
Local Context	d i m e n s i o n 1	d i m e n s i o n 2	26.597 [*]	2.560	.000	21.535	31.659

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Institutional Context	victim	d i m e n s i o n 2	-26.597 [*]	2.560	.000	-31.659	-21.535
	local	d i m e n s i o n 2	9.119 [*]	2.367	.000	4.439	13.799
	d i m e n s i o n 1	victim	-9.119 [*]	2.367	.000	-13.799	-4.439
	d i m e n s i o n 1	local	9.119 [*]	2.367	.000	4.439	13.799
Global Context	d i m e n s i o n 1	d i m e n s i o n 2	-6.861 [*]	2.415	.005	-11.635	-2.086

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Chronometrical Context	victim	d i m e n s i o n 2	6.861 [*]	2.415	.005	2.086	11.635
	local	d i m e n s i o n 2	5.817 [*]	1.874	.002	2.113	9.521
	d i m e n s i o n 1	victim	-5.817 [*]	1.874	.002	-9.521	-2.113
Life Satisfaction Index	d i m e n s i o n 1	d i m e n s i o n 2	35.319 [*]	3.315	.000	28.764	41.875

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Total Wellness	victim	d i m e n s i o n 2	-35.319 [*]	3.315	.000	-41.875	-28.764
	local	d i m e n s i o n 2	15.024 [*]	1.498	.000	12.062	17.986
	d i m e n s i o n 1	victim	-15.024 [*]	1.498	.000	-17.986	-12.062
	d i m e n s i o n 1	local	12.299 [*]	1.946	.000	8.452	16.147
Thinking	d i m e n s i o n 1	d i m e n s i o n 2	12.299 [*]	1.946	.000	8.452	16.147

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Emotions	victim	d i m e n s i o n 2	-12.299 [*]	1.946	.000	-16.147	-8.452
	local	d i m e n s i o n 2	11.753 [*]	1.904	.000	7.989	15.518
	d i m e n s i o n 1	victim	-11.753 [*]	1.904	.000	-15.518	-7.989
	d i m e n s i o n 1	local	17.370 [*]	2.303	.000	12.816	21.924
Control	d i m e n s i o n 1	d i m e n s i o n 2	17.370 [*]	2.303	.000	12.816	21.924

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Work	victim	d i m e n s i o n 2	-17.370 [*]	2.303	.000	-21.924	-12.816
	local	d i m e n s i o n 2	19.812 [*]	2.260	.000	15.342	24.281
	d i m e n s i o n 1	victim	-19.812 [*]	2.260	.000	-24.281	-15.342
	d i m e n s i o n 1	local	7.831 [*]	2.121	.000	3.637	12.026

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Leisure	victim	d i m e n s i o n 2	-7.831 [*]	2.121	.000	-12.026	-3.637
	local	d i m e n s i o n 2	16.486 [*]	2.415	.000	11.710	21.261
	d i m e n s i o n 1	victim	-16.486 [*]	2.415	.000	-21.261	-11.710
	d i m e n s i o n 1	local	18.717 [*]	2.468	.000	13.838	23.596

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Self Worth	victim	d i m e n s i o n 2	-18.717 [*]	2.468	.000	-23.596	-13.838
	local	d i m e n s i o n 2	11.221 [*]	2.447	.000	6.382	16.060
	d i m e n s i o n 1	victim	-11.221 [*]	2.447	.000	-16.060	-6.382
	d i m e n s i o n 1	local	15.399 [*]	2.021	.000	11.404	19.395
Realistic Beliefs	d i m e n s i o n 1	d i m e n s i o n 2	15.399 [*]	2.021	.000	11.404	19.395

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Friendship	victim	d i m e n s i o n 2	-15.399 [*]	2.021	.000	-19.395	-11.404
	local	d i m e n s i o n 2	28.368 [*]	2.564	.000	23.298	33.439
	d i m e n s i o n 1	victim	-28.368 [*]	2.564	.000	-33.439	-23.298
	d i m e n s i o n 1	local	17.066 [*]	2.582	.000	11.960	22.171
Love	d i m e n s i o n 1	d i m e n s i o n 2	17.066 [*]	2.582	.000	11.960	22.171

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Spirituality	victim	d i m e n s i o n 2	-17.066 [*]	2.582	.000	-22.171	-11.960
	local	d i m e n s i o n 2	14.157 [*]	2.258	.000	9.692	18.623
	d i m e n s i o n 1	victim	-14.157 [*]	2.258	.000	-18.623	-9.692
	d i m e n s i o n 1	local	12.410 [*]	2.376	.000	7.711	17.109

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Cultural Identity	victim	d i m e n s i o n 2	-12.410 [*]	2.376	.000	-17.109	-7.711
	local	d i m e n s i o n 2	12.393 [*]	2.495	.000	7.459	17.327
	d i m e n s i o n 1	victim	-12.393 [*]	2.495	.000	-17.327	-7.459
	d i m e n s i o n 1	local	20.387 [*]	1.742	.000	16.943	23.831
Self-Care	d i m e n s i o n 1	d i m e n s i o n 2	20.387 [*]	1.742	.000	16.943	23.831

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Exercise	victim	d i m e n s i o n 2	-20.387	1.742	.000	-23.831	-16.943
	local	d i m e n s i o n 2	5.629	2.920	.056	-.145	11.402
	d i m e n s i o n 1	victim	-5.629	2.920	.056	-11.402	.145
	d i m e n s i o n 1	local	22.920 [*]	2.766	.000	17.450	28.390
Nutrition	d i m e n s i o n 1	d i m e n s i o n 2					

Pairwise Comparisons							
Dependent Variable	(I) group	(J) group	MD (I-J)	SE	Sig. ^a	95% Confidence Interval for Difference ^a	
						Lower Bound	Upper Bound
Total Wellness	victim	dimension 2 local	-22.920 [*]	2.766	.000	-28.390	-17.450
	local	dimension 2 victim	15.020 [*]	1.498	.000	12.057	17.983
	dimension 1 victim	dimension 2 local	-15.020 [*]	1.498	.000	-17.983	-12.057

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Bonferroni.

Multivariate Tests					
	Value	<i>F</i>	<i>Hypothesis df</i>	<i>Error df</i>	<i>Sig.</i>
Pillai's trace	.820	17.306 ^a	29.000	110.000	.000
Wilks' lambda	.180	17.306 ^a	29.000	110.000	.000
Hotelling's trace	4.563	17.306 ^a	29.000	110.000	.000
Roy's largest root	4.563	17.306 ^a	29.000	110.000	.000

Each *F* tests the multivariate effect of group. These tests are based on the linearly independent pairwise comparisons among the estimated marginal means.

a. Exact statistic

Univariate Tests						
Dependent Variable		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Creative Self	Contrast	6715.906	1	6715.906	73.640	.000
	Error	12585.463	138	91.199		
Coping Self	Contrast	8401.100	1	8401.100	87.917	.000
	Error	13186.850	138	95.557		
Social Self	Contrast	18660.934	1	18660.934	102.909	.000
	Error	25024.138	138	181.334		
Essential Self	Contrast	7527.118	1	7527.118	101.910	.000
	Error	10192.721	138	73.860		
Physical Self	Contrast	7040.889	1	7040.889	33.177	.000
	Error	29286.745	138	212.223		
Local Context	Contrast	24678.264	1	24678.264	107.942	.000
	Error	31550.307	138	228.625		
Institutional Context	Contrast	2901.093	1	2901.093	14.846	.000

Univariate Tests						
Dependent Variable		SS	df	MS	F	Sig.
Global Context	Error	26967.234	138	195.415		
	Contrast	1642.037	1	1642.037	8.073	.005
Chronometrical Context	Error	28070.559	138	203.410		
	Contrast	1180.443	1	1180.443	9.640	.002
Life Satisfaction Index	Error	16897.984	138	122.449		
	Contrast	43518.559	1	43518.559	113.505	.000
Total Wellness	Error	52910.012	138	383.406		
	Contrast	7874.334	1	7874.334	100.598	.000
Thinking	Error	10801.940	138	78.275		
	Contrast	5277.297	1	5277.297	39.957	.000
Emotions	Error	18226.095	138	132.073		
	Contrast	4819.095	1	4819.095	38.107	.000
Control	Error	17451.990	138	126.464		
	Contrast	10525.391	1	10525.391	56.871	.000
Work	Error	25540.218	138	185.074		
	Contrast	13692.666	1	13692.666	76.825	.000
Positive Humor	Error	24595.905	138	178.231		
	Contrast	2139.463	1	2139.463	13.629	.000
Leisure	Error	21662.595	138	156.975		
	Contrast	9480.954	1	9480.954	46.583	.000
Stress Management	Error	28086.712	138	203.527		
	Contrast	12221.368	1	12221.368	57.528	.000
Self Worth	Error	29317.144	138	212.443		
	Contrast	4392.271	1	4392.271	21.023	.000
	Error	28832.600	138	208.932		

Univariate Tests						
Dependent Variable		SS	df	MS	F	Sig.
Realistic Beliefs	Contrast	8272.704	1	8272.704	58.075	.000
	Error	19657.832	138	142.448		
Friendship	Contrast	28074.814	1	28074.814	122.374	.000
	Error	31659.793	138	229.419		
Love	Contrast	10160.177	1	10160.177	43.682	.000
	Error	32097.693	138	232.592		
Spirituality	Contrast	6992.265	1	6992.265	39.300	.000
	Error	24552.869	138	177.919		
Gender Identity	Contrast	5372.782	1	5372.782	27.274	.000
	Error	27185.066	138	196.993		
Cultural Identity	Contrast	5358.006	1	5358.006	24.667	.000
	Error	29975.380	138	217.213		
Self-Care	Contrast	14499.510	1	14499.510	136.990	.000
	Error	14606.426	138	105.844		
Exercise	Contrast	1105.213	1	1105.213	3.716	.056
	Error	41039.609	138	297.388		
Nutrition	Contrast	18325.968	1	18325.968	68.646	.000
	Error	36841.175	138	266.965		
Total Wellness	Contrast	7869.914	1	7869.914	100.475	.000
	Error	10809.124	138	78.327		

The F tests the effect of group. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

Appendix G

C:\stat users\tara harvey\model1 6-2-2010.amw

Analysis Summary

Date and Time

Date: Wednesday, June 02, 2010

Time: 2:30:29 PM

Title

model1 6-2-2010: Wednesday, June 02, 2010 2:30 PM

Groups

Group number 1 (Group number 1)

Notes for Group (Group number 1)

The model is recursive.

Sample size = 74

Variable Summary (Group number 1)

Your model contains the following variables (Group number 1)

Observed, endogenous variables

CulturalIdentity

GenderIdentity

SelfCare

Spirituality

Love

Friendship

Thinking

Control

Emotions

PositiveHumor

Work

Exercise

Nutrition

Leisure

StressManagement

SelfWorth

RealisticBeliefs

Unobserved, endogenous variables

essential

social

creative

physical

coping

Unobserved, exogenous variables

e1

e2

e3

e4

e5

e6

e7

e8

e9

e10

e11

e12

e13

e14

e15

e16

e17

e18

e19

e20

e21

e22

Variable counts (Group number 1)

Number of variables in your model:	44
------------------------------------	----

Number of observed variables:	17
-------------------------------	----

Number of unobserved variables:	27
---------------------------------	----

Number of exogenous variables:	22
--------------------------------	----

Number of endogenous variables:	22
---------------------------------	----

Parameter summary (Group number 1)

	Weights	Covariances	Variances	Means	Intercepts	Total
Fixed	29	0	0	0	0	29
Labeled	10	0	0	0	0	10
Unlabeled	0	10	22	0	17	49
Total	39	10	22	0	17	88

Models

Default model (Default model)

Notes for Model (Default model)

Computation of degrees of freedom (Default model)

Number of distinct sample moments:	170
Number of distinct parameters to be estimated:	59
Degrees of freedom (170 - 59):	111

Result (Default model)

Minimum was achieved

Chi-square = 188.172

Degrees of freedom = 111

Probability level = .000

Group number 1 (Group number 1—Default model)

Estimates (Group number 1—Default model)

Scalar Estimates (Group number 1—Default model)

Maximum Likelihood Estimates

Regression Weights: (Group number 1—Default model)

		<i>Estimate</i>	<i>SE</i>	<i>CR</i>	<i>p</i>	<i>Label</i>
CulturalIdentity	<---essential	1.000				
GenderIdentity	<---essential	.830	.164	5.068	***	W1
SelfCare	<---essential	.273	.126	2.160	.031	W2
Spirituality	<---essential	.249	.161	1.541	.123	W3
Love	<---social	1.000				
Friendship	<---social	1.000				
Thinking	<---creative	1.000				
Control	<---creative	1.295	.166	7.787	***	W5
Emotions	<---creative	.956	.137	6.957	***	W6
PositiveHumor	<---creative	.860	.150	5.741	***	W7
Work	<---creative	.926	.160	5.796	***	W8
Exercise	<---physical	1.000				
Nutrition	<---physical	1.000				
Leisure	<---coping	1.000				
StressManagement	<---coping	1.293	.171	7.549	***	W10
SelfWorth	<---coping	1.096	.172	6.387	***	W11
RealisticBeliefs	<---coping	.342	.134	2.547	.011	W12

Standardized Regression Weights:
(Group number 1—Default model)

			Estimate
CulturalIdentity	<---	essential	.822
GenderIdentity	<---	essential	.726
SelfCare	<---	essential	.282
Spirituality	<---	essential	.201
Love	<---	social	.675
Friendship	<---	social	.784
Thinking	<---	creative	.770
Control	<---	creative	.846
Emotions	<---	creative	.771
PositiveHumor	<---	creative	.654
Work	<---	creative	.659
Exercise	<---	physical	.673
Nutrition	<---	physical	.639
Leisure	<---	coping	.736
StressManagement	<---	coping	.833
SelfWorth	<---	coping	.716
RealisticBeliefs	<---	coping	.295

Intercepts: (Group number 1—Default model)

	Estimate	SE	CR	p	Label
CulturalIdentity	72.968	1.861	39.208	***	
GenderIdentity	74.346	1.749	42.509	***	
SelfCare	76.968	1.478	52.086	***	
Spirituality	80.236	1.889	42.474	***	
Love	79.155	2.449	32.327	***	
Friendship	63.789	2.107	30.268	***	
Thinking	72.095	1.598	45.106	***	
Control	66.214	1.883	35.170	***	
Emotions	71.227	1.525	46.707	***	
PositiveHumor	74.432	1.619	45.979	***	
Work	60.946	1.728	35.266	***	
Exercise	68.311	1.917	35.634	***	
Nutrition	55.338	2.020	27.394	***	
Leisure	62.305	1.751	35.579	***	
StressManagement	59.903	2.002	29.921	***	
SelfWorth	74.596	1.974	37.789	***	
RealisticBeliefs	53.919	1.494	36.081	***	

Covariances: (Group number 1—Default model)					
	Estimate	SE	CR	p	Label
e18<-->e19	108.810	32.834	3.314	***	
e18<-->e20	88.969	24.458	3.638	***	
e18<-->e21	84.127	27.322	3.079	.002	
e18<-->e22	105.099	27.414	3.834	***	
e19<-->e20	111.774	27.580	4.053	***	
e19<-->e21	138.538	32.247	4.296	***	
e19<-->e22	145.241	32.228	4.507	***	
e20<-->e21	101.230	23.952	4.226	***	
e20<-->e22	117.611	26.024	4.519	***	
e21<-->e22	118.785	26.873	4.420	***	

Correlations: (Group number 1—Default model)

		Estimate
<hr/>		
e18 <--> e19		.590
e18 <--> e20		.648
e18 <--> e21		.584
e18 <--> e22		.730
e19 <--> e20		.753
e19 <--> e21		.890
e19 <--> e22		.934
e20 <--> e21		.873
e20 <--> e22		1.016
e21 <--> e22		.978
<hr/>		

Variances: (Group number 1—Default model)					
	Estimate	SE	CR	p	Label
e18	170.760	48.025	3.556	***	
e19	199.232	49.150	4.054	***	
e20	110.485	28.982	3.812	***	
e21	121.614	35.966	3.381	***	
e22	121.344	33.361	3.637	***	
e1	82.077	30.399	2.700	.007	
e2	105.529	25.850	4.082	***	
e3	146.688	24.807	5.913	***	
e4	249.948	41.802	5.979	***	
e5	238.446	47.110	5.061	***	
e6	124.996	33.011	3.787	***	
e7	76.006	14.270	5.326	***	
e8	73.385	15.456	4.748	***	
e9	68.851	12.942	5.320	***	
e10	109.549	19.278	5.683	***	
e11	123.261	21.733	5.672	***	
e12	146.652	32.193	4.555	***	
e13	176.266	36.033	4.892	***	
e14	102.524	17.772	5.769	***	
e15	89.683	17.345	5.171	***	

	Estimate	SE	CR	<i>p</i>	Label
e16	138.811	23.824	5.827	***	
e17	148.796	24.627	6.042	***	

Notes for Model (Group number 1—Default model)

The following covariance matrix is not positive definite (Group number 1—Default model)

	e22	e21	e20	e19	e18
e22	121.344				
e21	118.785	121.614			
e20	117.611	101.230	110.485		
e19	145.241	138.538	111.774	199.232	
e18	105.099	84.127	88.969	108.810	170.760

Notes for Group/Model (Group number 1—Default model)

This solution is not admissible.

Minimization History (Default model)

Iteration		Negative eigenvalues	Condition #	Smallest eigenvalue	Diameter	<i>F</i>	NTries	Ratio
0	e	14		-.689	9999.000	748.547	0	9999.000
1	e*	12		-.847	2.931	444.227	20	.370
2	e*	8		-.290	.532	336.915	6	.973
3	e	2		-.076	.647	247.849	5	.815
4	e	0	3681.579		.636	199.727	5	.764
5	e	0	1085.187		.494	191.597	2	.000

Iteration		Negative eigenvalues	Condition #	Smallest eigenvalue	Diameter	<i>F</i>	NTries	Ratio
6	e	0	1124.879		.197	188.375	1	1.117
7	e	0	1150.325		.051	188.174	1	1.066
8	e	0	1136.799		.007	188.172	1	1.010
9	e	0	1136.214		.000	188.172	1	1.000

Model Fit Summary

CMIN

Model	<i>NPAR</i>	<i>CMIN</i>	<i>df</i>	<i>p</i>	<i>CMIN/df</i>
Default model	59	188.172	111	.000	1.695
Saturated model	170	.000	0		
Independence model	34	722.880	136	.000	5.315

Baseline Comparisons

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.740	.681	.874	.839	.869
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

Parsimony-Adjusted Measures

Model	PRATIO	PNFI	PCFI
Default model	.816	.604	.709
Saturated model	.000	.000	.000
Independence model	1.000	.000	.000

NCP

Model	NCP	LO 90	HI 90
Default model	77.172	43.166	119.059
Saturated model	.000	.000	.000
Independence model	586.880	506.411	674.858

FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	2.578	1.057	.591	1.631
Saturated model	.000	.000	.000	.000
Independence model	9.902	8.039	6.937	9.245

RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.098	.073	.121	.002
Independence model	.243	.226	.261	.000

AIC

Model	AIC	BCC	BIC	CAIC
Default model	306.172	344.790		
Saturated model	340.000	451.273		
Independence model	790.880	813.134		

ECVI

Model	ECVI	LO 90	HI 90	MECVI
Default model	4.194	3.728	4.768	4.723
Saturated model	4.658	4.658	4.658	6.182
Independence model	10.834	9.732	12.039	11.139

HOELTER

Model	HOELTER .05	HOELTER .01
Default model	53	58
Independence model	17	18

Execution time summary

Minimization:	.016
Miscellaneous:	.499
Bootstrap:	.000
Total:	.515

Appendix H



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
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Figure 5. Wheel of Domestic Violence

Vitae

Tara Harvey has a bachelor's in Child and Family Studies from Berea College and a Master's of Education in Mental Health Counseling from Lindsey Wilson College. The completion of the Counselor Education degree at the University of Tennessee allows her to be qualified to teach in counseling programs at the university level. She is qualified to take the CRC, the NCC and to sit for state licensure in counseling. She has worked as an advocate/case manager for a local domestic violence agency for the last two and a half years. Tara has also worked at residential treatment facilities for troubled youth and teens. Since graduating from Berea College, Tara has primarily been employed as a preschool teacher. Tara is also the single mother of a wonderful young man.